

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

JAN 18 1937

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43657

1. PLACE OF DEATH

Andrew.

County.....
Township.....
City..... (No..... St..... Ward)

Registration District No. 9
Primary Registration District No. 5015

File No.....
Registered No.....

2. FULL NAME..... Susie Messick.

(a) Residence, No..... St..... Ward.....
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert E. Messick.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1869.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 67 27.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omaha, Neb.

13. NAME John. Samuel. Mc Adow. 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

15. MAIDEN NAME Malinda. Brown.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Mrs. James. Thrasher. (ADDRESS) Bolckow. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dec. 10, 1936. DATE 19

19. UNDERTAKER Price Funeral Home. (ADDRESS) Maryville. Mo.

20. FILED DE 10, 1936

Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1936, to Dec. 7, 1936. I last saw her alive on Dec. 4, 1936. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage

Other contributory causes of importance:

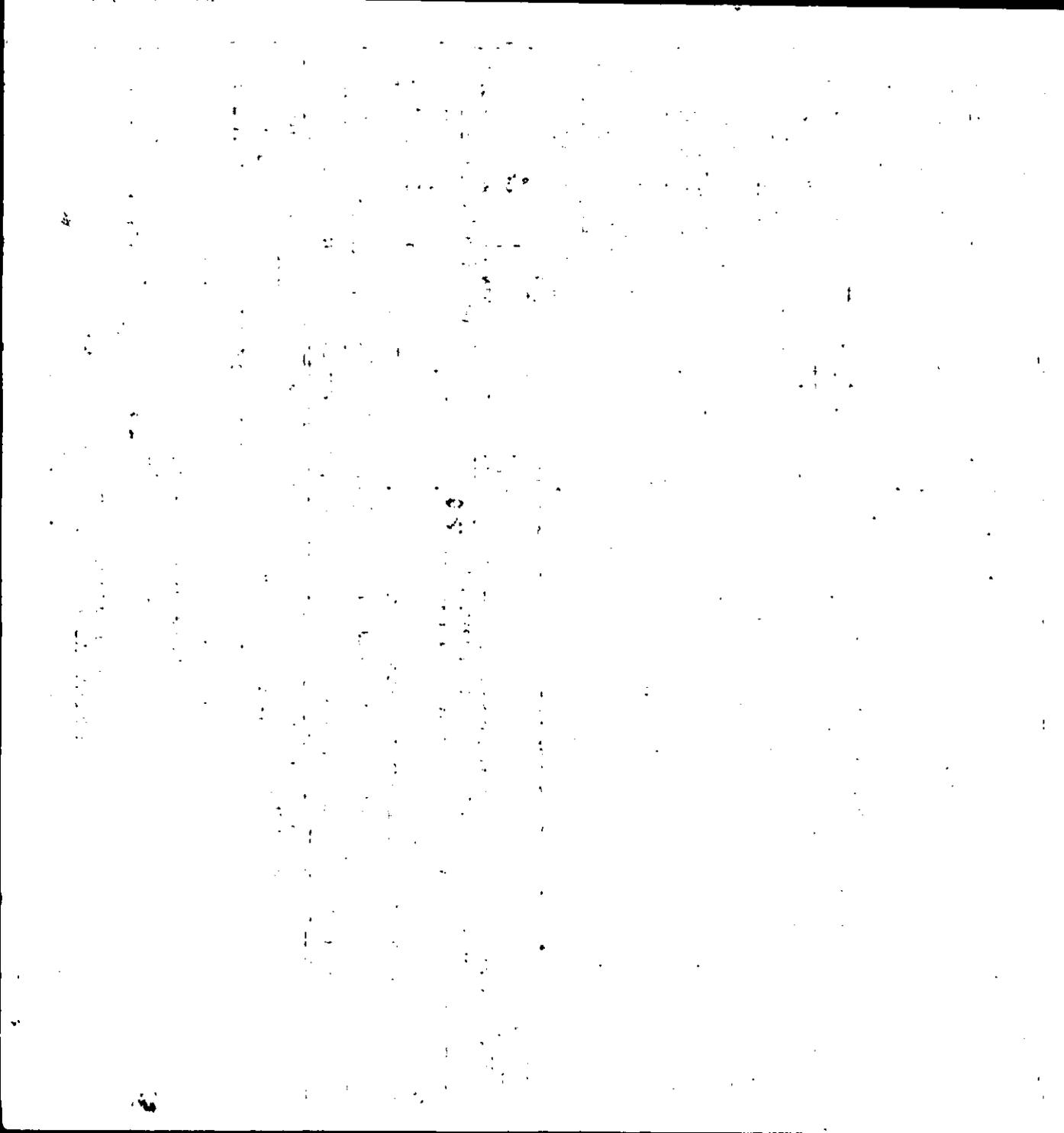
Name of operation None Date of Name of test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify (Signed) W. J. ... M. D. (Address) Bolckow Mo.



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Andrew Registration District No. 9 File No. _____
 Township Benton Primary Registration District No. 50 12 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Susie Massier

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED

Feb 22 1937 W. L. Wood
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage
Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) W. Logan Wood, M. D.

(Address) Baldwin mo.

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