

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2337

1. PLACE OF DEATH
 71 County Morgan Registration District No. 598
 4 Township North Primary Registration District No. 4355
 2 City Versailles (No. 2) St. _____ Ward _____

2. FULL NAME Sue Ann Amanda Napier
 (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 FM 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF F. M. Napier
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11-1858
 7. AGE YEARS 78 MONTHS 1 DAYS 11 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1937
 22. I HEREBY CERTIFY That I attended deceased from Mar. 19, 1925, to Jan 21, 1937
 I last saw her alive on Jan 21, 1937. Death is said to have occurred on the date stated above, at 6 a m.
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 26th
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 2

Cardiac Failure several yrs Date of onset _____
 Other contributory causes of importance: Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
 13. NAME M^{rs} Berktresser

Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical History Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
 15. MAIDEN NAME Pitt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

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.

17. INFORMANT Mrs. Maud Caber
 (ADDRESS) Versailles, Mo

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Versailles DATE Jan 24, 1937

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

19. UNDERTAKER W. F. Kidwell
 (ADDRESS) Versailles, Mo
 20. FILED Jan 24, 1937 W. E. Hullett Registrar.

9587

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Morgan Registration District No. 598 File No. _____
 Township _____ Primary Registration District No. 4335 Registered No. _____
 City Versailles (No. _____, St. _____, Ward _____)

2. FULL NAME Susan Amanda Napier

(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

3. SEX Fm 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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.
78 1 11

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 Jan 24 1937 W. H. Hullett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1937

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

I last saw him _____ 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:

Cardiac Failure
Myocarditis Chronic

Date of onset _____

Other contributory causes of importance: A3C

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) P. F. Eckhoff M. D.

(Address) Versailles mo

5-2-337