

MAR 13 1937

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

Do not use this space.

6316

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Wassasity (No. 2001) Montgall

File No. 1009
Registered No. 1009
St. Ward

2. FULL NAME

Susan J. Saunders
(a) Residence, No. 2001 Montgall St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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 James D. Saunders
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 1860
7. AGE YEARS 76 MONTHS 7 DAYS 4 If LESS than 1 day, hrs. or min.
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. Housewife
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1937
22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1937, to Feb 6, 1937
I last saw her alive on Feb 5, 1937. Death is said to have occurred on the date stated above, at 3:20 p. m.

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

Cerebral hemorrhage
Cerebral thrombosis
Arteriosclerosis
Date of onset Feb 2

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
13. NAME Herman S. Major
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
15. MAIDEN NAME Mary S. Swearingen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
17. INFORMANT (ADDRESS) W. Weidner Major
Kearney Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Kearney Mo DATE Feb 8 37
19. UNDERTAKER (ADDRESS) Crosswell
Kearney Mo
20. FILED 77 1937 m.m. Crowne
Registrar.

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? No
If so, specify
(Signed) Racahist Major, M. D.
(Address) 914 Med Arts Bldg

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

