MAR 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County Mercer Co
Township
City Princeton (No. , St. Ward)

Registration District No. 556
Primary Registration District No. 4328

File No. 7245
Registered No. 21

2. FULL NAME Susan E. Mass

(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 Fe
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 1852

7. AGE 84 YEARS 84 MONTHS 8 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Keeper
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) Williamsburg Ky

FATHER
13. NAME George Tye Hamlin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamsburg Ky

MOTHER
15. MAIDEN NAME Nancy Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barbersville Ky

17. INFORMANT (ADDRESS) Mrs. Nancy McCoy Princeton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Princeton DATE Feb 28 1937

19. UNDERTAKER (ADDRESS) Martin Funeral Home Princeton Mo

20. FILED 2-27 1937 J M Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Feby 22 1937 to Feby 26 1937
I last saw h alive on Feby 26 1937. Death is said to have occurred on the date stated above, at 3:25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction from strangulation on old inguinal herniae.	2 da
2 Chronic heart disease mitral + aortic insufficiency	20 yrs

Other contributory causes of importance:
marked hypertrophy and chronic myocarditis
3 Senile dementia

Name of operation Date of
What test confirmed diagnosis? Phys + Lab Was there an autopsy? No

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) E. M. Bristow, M. D.
2/27 (Address) Princeton Mo.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. No. 2
100M 25-33