

APR 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Osage
Township St. Charles
City St. Charles (No. 2)

Registration District No. 63943Primary Registration District No. 5848File No. 12862

Registered No. _____

St. _____ Ward _____

2. FULL NAME Suzantha Childers(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. da.

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) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 - 18557. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 0 28. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. None

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) St. Charles County, Mo13. NAME Wasimaton Boyer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT Timothy Zygemia Childers
(ADDRESS) Chambers, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery, Mo DATE April 5, 193719. UNDERTAKER City of Stockport, Mo
(ADDRESS) Chambers, Mo20. FILED Apr 5, 1937 Esther Souder
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 193722. I HEREBY CERTIFY, That I attended deceased from about 1 hr, 1936, to April 5, 1937I last saw her alive on Apr 1, 1937. Death is saidto have occurred on the date stated above, at 11-10 a.m.

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

Cancer Breast

Date of onset _____

Other contributory causes of importance 60

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 _____, 1937

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) H. D. Aveling M. D.(Address) Chambers, Mo

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

