JUL 26 1937

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

Do not use this space.

File No. 23209
Registered No. 694

1. PLACE OF DEATH

County BUCHANAN — Registration District No. 85
Township ~~WASHINGTON~~ — Primary Registration District No. 1001
City ST. JOSEPH, (No. 3218 MITCHELL AVE. St. Ward)

2. FULL NAME SUSANNA FRANCES DEGLOW

(a) Residence, No. 3218 MITCHELL AVE. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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: WIDOW OF HENRY DEGLOW

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DECEMBER 25, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
235	78	5	21	

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NEW PHILADELPHIA, OHIO

FATHER

13. NAME: CHRISTIAN SCHENK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): SWITZERLAND

MOTHER

15. MAIDEN NAME: SUSANNA ZIMMERMAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): SWITZERLAND

17. INFORMANT (ADDRESS): LEWIS PHILLIPS 3218 Mitchell Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK DATE JUNE 19, 1937

19. UNDERTAKER (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN ST. JOSEPH, MO.

20. FILED 6/19 1937 N. Bradbury Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JUNE 16, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1937, to June 16, 1937
I last saw HER alive on June 16, 1937. Death is said to have occurred on the date stated above, at 2:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	May 27 37
Coronary Heart Disease	

Other contributory causes of importance: Chronic myocarditis, Chronic Bronchitis, Bronchial asthma

Name of operation: Date of
What test confirmed diagnosis? Clinical, 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) N. S. Samuel, M. D.
(Address) St. Joseph Mo.

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.