

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.

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

Do not use this space.

AUG 19 1937

26657

1. PLACE OF DEATH

County Buchanan  
Township Tremont  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 80  
Primary Registration District No. 5720

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Susan Emily Atha

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Atha

22. HEREBY CERTIFY, that I ~~saw~~ deceased from July 18, 1937, to \_\_\_\_\_, 19\_\_\_\_  
I last saw h. live on July 18, 1937 Death is said to have occurred on the date stated above, at 5:30 pm.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 1866

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
55 70 10 12

Cancer of Stomach

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

Other contributory causes of importance: 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

13. NAME Thomas Barton

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. \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

15. MAIDEN NAME Syntha Reynolds

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) J. F. Kimbrell, M. D.  
(Address) Easton Mo.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co.

17. INFORMANT Mary E. Robertson (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Frazier Cem DATE July 21 1937

19. UNDERTAKER H. A. Sullins (ADDRESS) Gower Mo.

20. FILED July 20, 1937 Mrs. Lucy Donnell Registrar.

