

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

Do not use this space.

AUG 25 1937

27627

1. PLACE OF DEATH

County Lafayette
Township Shinarump
City near Odessa (No. _____)

Registration District No. 464
Primary Registration District No. 5627

File No. 18
Registered No. 26
St. _____ Ward _____

2. FULL NAME

Fred Wallace Suser

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22, 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
14 6 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Corden mo.

13. NAME Homer Suser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Corden mo.

15. MAIDEN NAME Nora Ann Ahlert

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

17. INFORMANT (ADDRESS) Nora Suser Odessa mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Corden, mo. DATE 7/25 37

19. UNDERTAKER (ADDRESS) J. H. Husman Odessa mo.

20. FILED 8/24 1937 Mrs E. M. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-23-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-23-1937, to 7-23-1937

I last saw him alive on 7-23-1937. Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Gun shot wound in head. (Suicide)

Other contributory causes of importance: 167

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 7-23-1937
Where did injury occur? At home 3 mi. So. Odessa mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury Gun shot suicide
Nature of injury Gun shot wound in head

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) E. B. Nisbet (Coram), M. D.
(Address) Odessa 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.

