

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

OCT 20 1937

34157
Do not use this space.

1. PLACE OF DEATH
 (a) County Franklin Registration District No. 294
 (b) Township Prairie Primary Registration District No. 5418
 (c) City Loneida, Mo. (d) Street No. 9 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Susie Margaret Bone
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 William Bone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 10 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Tennessee

FATHER 13. NAME Robert Tanner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Not known

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

17. INFORMANT James Lloyd Batie
 (ADDRESS) East St. Louis, Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion, St. Clair, Mo. DATE Oct. 2, 1937

19. FUNERAL DIRECTOR Wm. Casey & Co.
 (ADDRESS) St. Clair, Mo.

20. FILED Oct. 4 1937 Wm. Duckward
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-30-37

22. 9-21-37 I HEREBY CERTIFY, That I attended deceased from 9-21-37 1937 to 9-30-37 1937
 I last saw him alive on 9-20-37 1937 Death is said to have occurred on the date stated above, at 9-0 a.m.
 The principal cause of death and related causes of importance were as follows:

Acute Atherosclerosis
 Date of onset

Other contributory causes of importance:
Emphysema

Name of operation None Date of no
 What test confirmed diagnosis? Physical 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 W. E. Kitchell M. D.
 (Signed) _____ (Address) St. Clair,

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

STATEMENT BY LICENSED EMBALMER

I, K.M. Lenox

Licensed Embalmer No. 3601

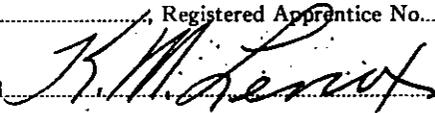
hereby certify that the body recorded on the reverse side of this certificate was embalmed by K.M. Lenox

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed



Licensed Embalmer No. Missouri 3601

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)