NOV 17 1937

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

Do not use this space.

1. PLACE OF DEATH
County Dent — Registration District No. 266 — File No. 37548
Township Springerick — Primary Registration District No. 5370 — Registered No. 73
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Susie Elizabeth Holbert
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 69 yrs. 2 mos. 18 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jim Halbert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 23-1867

7. AGE: 69 YEARS 2 MONTHS 18 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House keeper
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): ~~Salem~~ Crawford Co. Mo.

FATHER
13. NAME: James Jeffrie Culp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bard Co Ark

MOTHER
15. MAIDEN NAME: Susan Yeary
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chase Co. Tenn

17. INFORMANT (ADDRESS): Mrs. Margerite Orrey East St Louis Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cedar Grove Cem DATE: 10/7 1937

19. UNDERTAKER (ADDRESS): N. D. Hobson Salem Mo.

20. FILED: Oct 7 1937 F. E. Butler M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 5 1937

22. I HEREBY CERTIFY, That I attended deceased from March 31 1936 to October 5 1937
I last saw her alive on September 11 1937. Death is said to have occurred on the date stated above, at 1:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931
93C	
Other contributory causes of importance: Chronic Adhesive Pericarditis with hypertrophy	1931

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Findings 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) F. E. Butler, M. D.
(Address) Salem Missouri

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.