

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.

DEC 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Nodaway  
Township  
City Maryville, Mo. (No. ...., ..... St. .... Ward)

Registration District No. 628-1  
Primary Registration District No. 3031

File No. 42031  
Registered No. 124

2. FULL NAME

Susie L. Roelofson

(a) Residence, No. Maryville West First St. St. .... Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 1 8

8. Trade, profession, or particular kind of work done, as splanner, 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

12. BIRTHPLACE (CITY OR TOWN) Maryville, Mo. (STATE OR COUNTRY)

13. NAME John W. Greeson

14. BIRTHPLACE (CITY OR TOWN) N.C. (STATE OR COUNTRY)

15. MAIDEN NAME Margaret Gess

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

17. INFORMANT Frank Roelofson (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Maryville, Mo.

PLACE Oak Hill DATE Nov. 21 1937

19. UNDERTAKER Price Funeral Home (ADDRESS) Maryville, Mo.

20. FILED 11-20 1937 Mamie E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept - 4, 1936, to Nov 18, 1937

I last saw him alive on Nov 10, 1937. Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Myocardial degeneration Date of onset

Arteritis deformans

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? None 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? If so, specify

(Signed) H. M. Halli Jr., M. D. (Address) Maryville, Mo.

