JAN 17 1938

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

Do not use this space.

45110

1. PLACE OF DEATH

County CLAY — Registration District No. 198 — File No. 165

Township FISHING RIVER — Primary Registration District No. ~~3011~~ 3271 A — Registered No.

City EXCELSIOR SPRINGS R.R. #1 (No. , St. Ward)

2. FULL NAME SUSAN JANE PAGE

(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 82 yrs. -0- mos. -0- 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): WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF WYATT MARION PAGE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 4, 1937

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
82	-0-	-0-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 999
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) EXCELSIOR SPRINGS CLAY CO. MISSOURI 1

FATHER

13. NAME MORTON MOORE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VERSAILLES KENTUCKY 2

MOTHER

15. MAIDEN NAME SUSAN MOORE 2
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VERSAILLES KENTUCKY

17. INFORMANT (ADDRESS) GLEN KIRKMAN 904 ST LOUIS AVE - EX. SPRINGS.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MOORE CEMETARY DATE DEC. 6 1937

19. UNDERTAKER (ADDRESS) Claude Pinchard Excelsior Springs, Mo.

20. FILED Dec. 6 1937 Lorena McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 4th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 15th, 1937, to Dec 4, 1937
I last saw h. w. alive on Dec 3 1937, 1937 Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis and Senility — Date of onset

97

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? History 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) W. L. Wysong, M. D.
(Address) Liberty 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.