

JAN 20 1938

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

7

1. PLACE OF DEATH

 County Miller
 Township Richwood
 City (No. , St. Ward)

 Registration District No. 562
 Primary Registration District No. 5757

 File No. 46060
 Registered No.
2. FULL NAME Susannah E. Anderson
 (a) Residence, No. St. Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

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.

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 P. B. Anderson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1858
 7. AGE YEARS 79 MONTHS 4 DAYS 28 If LESS than 1 day, hrs. min.

 8. Trade, profession, or particular kind of work done, as spinner, 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) Missouri (STATE OR COUNTRY)13. NAME Archibald Rhea14. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)15. MAIDEN NAME Sarah Coppage16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)17. INFORMANT P. B. Anderson (ADDRESS) Dixon, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Seaton DATE Dec. 5, 193719. UNDERTAKER Fred H. Gilbert (ADDRESS) Dixon, Mo.20. FILED Jan. 7, 1938 Mm. W. A. Dow Grimpf Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3, 193722. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1937, to Dec. 3, 1937
 I last saw him alive on Dec 3, 1937. Death is said to have occurred on the date stated above, at 7 P. M.

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

Mitral Regurgitation Date of onset

Other contributory causes of importance:

Thrombotic of external iliac an femoral artery
Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 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? yesIf so, specify
 (Signed) H. W. Duncan, M. D.
 (Address)

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.

