REC'D JUN 22 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Lewis
Township: Dickerson
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 477
Primary Registration District No. 5646

File No. 18737
Registered No. 31

2. FULL NAME: Susan Elizabeth Rightmire 235

(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 40 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: Daniel Boone Rightmire

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan, 20. 1861.

7. AGE: YEARS 77 | MONTHS 3 | DAYS 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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): Palmyra Missouri

FATHER
13. NAME: Willian H. Hickerson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vig.

MOTHER
15. MAIDEN NAME: Melindia Rice.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenne

17. INFORMANT: Daniel B. Rightmire
(ADDRESS): Monticello. Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Monticello. Mo. DATE: May. 15. 1938

19. UNDERTAKER: James A Coder
(ADDRESS): Lewistown. Missouri

20. FILED: May 14. 1938 H. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May. 13. 1938

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1938, to May 13, 1938, I last saw her alive on May 12, 1938. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Chronic nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy? 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) C. Killian M.D.
(Address) Canton Mo.

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.