

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.

17-157

NOV 21 1938

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

Do not use this space.

34795

4131

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kau Primary Registration District No. 1002  
 City Kansas City Mo (No. 3626 Brooklyn) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Susan E Danice  
 (a) Residence, No. 3626 Brooklyn St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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 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 Randal R. Danice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-14-1849

7. AGE YEARS 89 MONTHS 1 DAYS 9 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
 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) Platte Co Mo

FATHER  
 13. NAME Joseph Coons  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER  
 15. MAIDEN NAME Katherine Ganes  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Margorie E Fellows Scott  
 (ADDRESS) 3716 Summit

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Chawood DATE 10-25-1938

19. UNDERTAKER O.V. Max Furniture Home  
 (ADDRESS) \_\_\_\_\_

20. FILED 10-24-1938 M. M. Crowe  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-23-1938

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1938, to Oct-23-1938  
 I last saw her alive on Oct 23-1938. Death is said to have occurred on the date stated above, at 10 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Arterio sclerosis base of brain causing anemia of cerebellum - cerebral deceleration both physically & mentally no pain no fever  
 Other contributory causes of importance: 97

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) E. S. Merriman, M. D.  
 (Address) 824 Riatta Bldg

Dr. Merriman

8130 Adams

906 Prairie

Ac 2453

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