WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

23040

JUL 18 1939

1. PLACE OF DEATH

County Randolph — Registration District No. 735 — File No.

Township — Primary Registration District No. 3034 — Registered No. 119

City Moberly Mo (No. Woodland Hospital St. Ward)

2. FULL NAME Susie Eliza McConkey

(a) Residence, No. St., Ward. Brunswick Mo.
(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: Henry McConkey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 30, 1890

7. AGE: YEARS 49 — MONTHS 4 — DAYS 15 — 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): McFall Mo.

FATHER

13. NAME: Atwell Butler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Unknown~~ Gentry Co Mo

MOTHER

15. MAIDEN NAME: Sarah Ann Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): McFall Mo.

17. INFORMANT (ADDRESS): Mrs. A. L. Allen, Ben Acides Texas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Albany Mo. DATE 6/18 1939

19. UNDERTAKER (ADDRESS): Meyer Funeral Home, Brunswick, Mo.

20. FILED June 18, 1939 Leah Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 15, 1939

22. I HEREBY CERTIFY That I attended deceased from June 7, 1939, to June 15, 1939

I last saw her alive on June 15, 1939 Death is said to have occurred on the date stated above, at 5 45 A.m.

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

Chronic Myocarditis
Cerebral Edema 93C

Date of onset

Other contributory causes of importance:
Cardio-renal insufficiency

Name of operation No Date of

What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) , M. D.
(Address) Thos S Hunting, Moberly Mo.

925

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RECEIVED
District Health Officer No. 10
District File Number 7-39-1264
Date Filed JUL 12 1939