

REC'D SEP 8 1939

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

Do not use this space.

29496

1. PLACE OF DEATH

51 Johnson 3
County Warrensburg
Township
City County Home

Registration District No. 431
Primary Registration District No. 5588

File No.
Registered No. 102
St. Ward

2. FULL NAME

(s) Residence, No. Susan C. Page
(Usual place of abode)

Length of residence in city or town where death occurred 50 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 F	4. COLOR OR RACE W.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2-1877		
7. AGE	YEARS 62	MONTHS 9
	DAYS 25	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework	
	10. Date deceased last worked at this occupation (month and year) Dec. 1, 1936	
11. Total time (years) spent in this occupation Life		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas		
MOTHER	13. NAME Francis Page	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky	
	15. MAIDEN NAME Fretta K. Vaughn	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo		
17. INFORMANT J. E. Holman (ADDRESS) Warrensburg Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Holden DATE 8/28 1939		
19. UNDERTAKER (ADDRESS) J. H. Murray Holden Mo.		
20. FILED Aug 30 1939 Emb. Gentry Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1939
22. I HEREBY CERTIFY, That I attended deceased from April 1 1939, to Aug 27 (27) 1939
I last saw her alive on April 26 1939, Death is said to have occurred on the date stated above, at 9:15 A.M.
The principal cause of death and related causes of importance were as follows:

Causes head of the colon
Other contributory causes of importance: 40
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) T. L. Bradley, M. D.
(Address) Warrensburg Mo.

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/2/39