

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

Do not use this space.

15955

1. PLACE OF DEATH

42 County HENRY
Township Farrington
City Deepwater, Mo (No. _____)

Registration District No. 351
Primary Registration District No. 5492

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME Susan Ann Leuff

(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>wife of John Leuff</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 4 - 1891</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>1</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>Henry Co Mo</u>		
FATHER	13. NAME <u>John Mayer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jellinais</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Catherine Mayer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jellinais</u>	
17. INFORMANT (ADDRESS) <u>Francoise Leuff</u> <u>Deepwater Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shunning Cem</u> DATE <u>5-20-1932</u>		
19. UNDERTAKER (ADDRESS) <u>Tom Jones</u> <u>Deepwater Mo</u>		
20. FILED <u>6-40</u> 19 <u>32</u> <u>J. J. Burwell</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1932 to May 19, 1932
I last saw her... alive on May 18, 1932 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
myocarditis

Other contributory causes of importance: (1)

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 _____
Cause of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. J. Burwell, M. D.
(Address) Deepwater 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.

JUN 3 2 1932

