

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

Do not use this space.

35485

**1. PLACE OF DEATH**

County Henry  
Township Clinton  
City Clinton (No. ....)

Registration District No. 347  
Primary Registration District No. 3018

File No. ....  
Registered No. 101  
St. .... Ward)

**FULL NAME** Susanna Astner

(a) Residence, No. .... St., .... Ward.

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mathew Astner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
42 - - -

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in home

10. Date deceased last worked at this occupation (month and year) Nov 10 1932 11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Windsor, Hungary

13. NAME John Rudliger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Windsor, Hungary

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VI 11 31

17. INFORMANT Mathew Astner (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Mo DATE Nov 23 1932

19. UNDERTAKER Spore & Son (ADDRESS) Clinton Mo

20. FILED 11/23 19 32 Ed C. Peeler Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1932 to Nov 21 1932  
I last saw her alive on Nov 21 1932 Death is said to have occurred on the date stated above, at 4 P.M.  
The principal cause of death and related causes of importance were as follows:

(1) Acute Myocarditis  
110 B  
107A  
93A  
110  
Date of onset 11/20/32

Other contributory causes of importance:  
(1) Bronchial Pneumonia & pleurisy.

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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. Wallingford M.D.  
(Address) Clinton 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.

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