

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

Do not use this space.

✓ 19203

1. PLACE OF DEATH  
 County Jackson Registration District No. 701  
 Township Bolivar Primary Registration District No. 74427  
 City Bolivar (No. ....) St. .... Ward (....)

2. FULL NAME Susan America White  
 (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 1 9 — — —

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work seamstress  
 (b) General nature of industry, business, or establishment in which employed (or employer) (Invalid)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co., Mo.

10. NAME OF FATHER white

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Mariah Rhodes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT (Address) W. E. Ferguson Bolivar Mo.

15. FILED 6/17 1927 J. Robert REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1927

17. I HEREBY CERTIFY, That I attended deceased from June 11 1927 to June 11 1927 that I last saw her alive on June 11 1927, and that death occurred, on the date stated above, at 1240 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
23 Cerebral hemorrhage  
8 TB  
 CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis (duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: ..... DATE OF .....  
 DID AN OPERATION PRECEDE DEATH: ..... DATE OF .....  
 WAS THERE AN AUTOPSY? .....  
 WHAT TEST CONFIRMED DIAGNOSIS? (Signed) D. E. Hammel, M. D. June 7 1927 (Address) Bolivar Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Specumwood DATE OF BURIAL 6/17 1927

20. UNDERTAKER Fletcher Blue ADDRESS Bolivar Mo.

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.

8 1927





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