

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

Do not use this space.

34776

1. PLACE OF DEATH
 County Pauldolph Registration District No. 735 File No. _____
 Township _____ Primary Registration District No. 3434 Registered No. 201
 City Moberly (No. _____) SL _____ Ward _____

2. FULL NAME Esther S. Sussewind
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Chas. Sussewind

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-11-1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
35 | 1 | 2 | _____

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

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

10. NAME OF FATHER J. C. Bulck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Helena Peterson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Chas. Sussewind
 (Address) Brunswick Mo.

15. FILED 10-16-1929 Dr. Thos. S. Fleming
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 13 1929

17. I HEREBY CERTIFY That I attended deceased from October 6, 1929, to Oct. 13, 1929 that I last saw h. e. f. alive on Oct. 13, 1929, and that death occurred, on the date stated above, at 5:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Amnesia following operation resulting in uremia 13 7 1
14 1/2 (duration) 1 1/2 hrs. da.
 CONTRIBUTORY (Operation was for retroflexed uterus + prolapsed ovaries) (duration) 10 min. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH: DATE OF Oct. 7, 1929

WAS THERE AN AUTOPSY:

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) R. D. Stetler, M. D.
10-14-1929 (Address) Moberly, 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 Brunswick Mo DATE OF BURIAL Oct 15 1929

20. UNDERTAKER L. Mearis Brunswick Mo ADDRESS _____

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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 10-26-1929
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