

DEC 22 1930

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

Do not use this space.

35653

1. PLACE OF DEATH

County Clinton  
Township Cameron  
City Cameron (No. .... St. .... Ward)

Registration District No. 704  
Primary Registration District No. 3013

File No. ....  
Registered No. 43

2. FULL NAME

Susan Emeline Hambley

(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 Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 12 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
78 9 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)  
(c) Name of employer

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

10. NAME OF FATHER Steward

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

12. MAIDEN NAME OF MOTHER Ella Chisan

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

14. INFORMANT Larry Hambley  
(Address) Cameron Mo

15. FILED 11/15 1930 Dr. C. H. Ridley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1930 to Nov 14, 1930 that I last saw him alive on Nov 14, 1930; and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia  
11 B  
1076  
..... (duration) ..... yrs. .... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Diarrhea  
..... (duration) ..... yrs. .... mos. 14 ds.

18. WHEN WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. C. Brunner, M. D.

Nov 15, 1930 (Address) Cameron 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 DATE OF BURIAL

Hambley Cemetery Nov 16 1930

20. UNDERTAKER ADDRESS

Old Moore Cameron Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

