

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

Do not use this space.

4177

**1. PLACE OF DEATH**

County Scott  
Township Memphis  
City Memphis (No. ....)

Registration District No. 810  
Primary Registration District No. 4488

File No. ....  
Registered No. 1  
St. .... Ward

**2. FULL NAME** Mrs Susan Aaceford

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 1931

5A. (If MARRIED, WIDOWED, OR DIVORCED) Widow  
MEMBER OF (or) WIFE OF Hulett Aaceford

17. I HEREBY CERTIFY, That I attended deceased from ..... 19... to Dec 31, 1930  
that I last saw h. e. s. alive on Dec 31, 1930, and that death occurred, on the date stated above, at 11 a m.  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10 - 1848

Bronchial Pneumonia  
11/3/30 (duration) yrs. mos. 6 da.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 6 20 — —

CONTRIBUTORY (SECONDARY) Influenza  
(duration) yrs. mos. 12 da.

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

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Mo

DID AN OPERATION PRECEDE DEATH? DATE OF .....  
WAS THERE AN AUTOPSY? Yes

10. NAME OF FATHER F. H. Akenous

WHAT TEST COMPLETED DIAGNOSTIC? Physical  
(Signed) E. E. Garrison, M. D.  
1/3, 1931 (Address) Memphis Mo

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

12. MAIDEN NAME OF MOTHER Luinda Lovell

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

\*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.

14. INFORMANT (Address) Mrs Nettie C. Oliver  
Memphis Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Memphis Cemetery Jan 4 1930

15. FILED 1/3 3, 1930 C. C. Garrison REGISTRAR

20. UNDERTAKER ADDRESS  
W. H. Bassett Memphis

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.

FEB 27 1931

Paris

