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.

APR 24 1931

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

Do not use this space.

14998

1. PLACE OF DEATH
County Moniteau — Registration District No. 10951 — File No.
Township Moreau — Primary Registration District No. 4336 — Registered No.
City Clarksburg (No. ..... St. ..... Ward)

2. FULL NAME Susan Jane English
(a) Residence. No. Clarksburg Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF John B. English

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8 1855

7. AGE: YEARS 75 — MONTHS 10 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

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) 9 5 5
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boone Co.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Harry Dill
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Angline Hickman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) Missouri

14. INFORMANT John B. English
(Address) Clarksburg, Mo.

15. FILED Apr 7 1931 — [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-6- 1931

17. I HEREBY CERTIFY, That I attended deceased from 10-8- 1930, to 4-6- 1931, that I last saw h e s alive on 4-6- 1931, and that death occurred, on the date stated above, at 5:00 o'clock P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General paralysis.
82 D
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 82 D
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. C. Farris, M. D.
4-7-, 1931 (Address) Clarksburg 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: Masonic Cemetary Clarksburg, Mo.
DATE OF BURIAL: Apr 7 1931

20. UNDERTAKER: Max W. Smith
ADDRESS: Clarksburg Mo