

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

Do not use this space.

11817

1 PLACE OF DEATH
 14 County Callaway Co. Registration District No. 104
 2 Township Sumner Primary Registration District No. 3008
 7 City Sumner mo (No. 4) St. _____ (Ward) _____
 2 FULL NAME Mr. Susan Straw
 (a) Residence, No. State Hospital at No. 1 St. Callaway Co. mo
 (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.

File No. _____
 Registered No. 83

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>-</u>
	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>SK</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>SK</u>	
	10. Date deceased last worked at this occupation (month and year) <u>SK</u>	11. Total time (years) spent in this occupation <u>SK</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>SK</u> <u>31</u>		
FATHER	13. NAME <u>SK</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>SK</u>	
MOTHER	15. MAIDEN NAME <u>SK</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>SK</u>	
17. INFORMANT (ADDRESS) <u>Reeds Hospital No. 1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Selbets</u> DATE <u>April 22, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Ray's Hall</u> <u>Cherry Blossomfield</u>		
20. FILED <u>Apr. 21, 1932</u> <u>R. N. Crews</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1932 to April 21, 1932
 I last saw h. alive on April 20, 1932 Death is said to have occurred on the date stated above, at 9:30 m.
 The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
97
90
 Other contributory causes of importance:
SK SK (1)

Name of operation no Date of no
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? no
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) SK M. D.
 (Address) State Hospital No. 1
Sumner mo

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.

MAY 23 1932

