

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

Do not use this space.

**19533**

**1. PLACE OF DEATH**

County Henry  
Township Clinton  
City H. S. D. Clinton (No. ....)

Registration District No. 347  
Primary Registration District No. 5488

File No. ....  
Registered No. 28 (St. .... Ward)

**2. FULL NAME**

(a) Residence, No. County Farm 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cora De Voe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-10-1849</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>3</u>
	DAYS <u>13</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>Dependent</u>	11. Total time (years) spent in this occupation.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hamburg Germany</u>		
FATHER	13. NAME <u>Henry Suse</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Fred Suse</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stills Creek</u> DATE <u>6-25</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Sims Funeral Home Clinton, Mo</u>		
20. FILED <u>6/26</u> 19 <u>33</u> <u>Ed C. Peeler</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/24 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933, to June 24 1933  
I last saw him alive on June 23 1933 Death is said to have occurred on the date stated above, at 13<sup>00</sup>.  
The principal cause of death and related causes of importance were as follows:  
Mitral Regurgitation  
Coronary Disease  
200 lbs. of fat  
92A  
92B  
Other contributory causes of importance: W

Date of onset	
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Name of operation ..... Date of .....  
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? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify J. R. H. Supton M. D.  
(Signed) Clinton, Mo  
(Address) Clinton, 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.

1933 JUN 22 1933

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