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.

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

SEP 15 1937

Do not use this space.

30036

File No. .....

Registered No. .....

6 1. PLACE OF DEATH

County Barton 2 Registration District No. 39

Township Golden City Primary Registration District No. 5056

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Susan C Pickens

(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 F.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9-1858

7. AGE YEARS 79 MONTHS 5 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

FATHER

13. NAME B. T. Casey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER

15. MAIDEN NAME Susan Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Casey Grimes Golden City, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Bethel DATE Aug 11 — 1937

19. UNDERTAKER (ADDRESS) Lee Ray Caldwell Lockwood Mo

20. FILED Sept 10 19 Mrs Grace Joy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1937

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1937, to Aug 10 —, 1937

I last saw her alive on Aug 18, 1937. Death is said to have occurred on the date stated above, at 8 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage due to Arteriosclerosis	

Other contributory causes of importance: B2a

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify .....

(Signed) J M Brown, M. D.

(Address) Golden City Mo

Ella
Grace [illegible]