

Exact statement of OCCUPATION is very important.

Feb 28 West
 NOV 17 1937

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

Do not use this space.

37399

1. PLACE OF DEATH

County Madison
 Township Jefferson
 City Walthamville

Registration District No. 162
 Primary Registration District No. 5-230

File No. _____
 Registered No. 41
 St. _____ Ward _____

2. FULL NAME

Susan Ann Eliza Molder

(a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm A Molder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-28-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 7 14

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

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)

11. Total time (years) spent in this occupation

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

FATHER 13. NAME John Reed

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

MOTHER 15. MAIDEN NAME Sarah Walker

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

17. INFORMANT (ADDRESS) Mrs. Leona Molder
Hustonsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Allden DATE 10/13/37

19. UNDERTAKER (ADDRESS) W. C. Davis & Co
Sta. Lexington, Mo.

20. FILED Nov 2 1937 Mrs. J. G. Brown
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1937, to 10-12-37, 1937. I last saw h. alive on 10-11, 1937. Death is said to have occurred on the date stated above, at 6:00 A.

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

Coronary arteries with atherosclerosis
Cardiac failure
Probably Curian Cyst.

Other contributory causes of importance: 124 B1

Name of operation _____ Date of _____
 What test confirmed diagnosis? Medical Was there an autopsy? Yes

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) M. D. Humphreys M. D.
 (Address) Hustonsville, Mo.

