

NOV 23 1937

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

Do not use this space.

38851

1. PLACE OF DEATH

County St. Clair Registration District No. 761
Township Montague Primary Registration District No. 6014
City Montrose (No. R 3) St. _____ Ward _____

2. FULL NAME Susanna Vail

(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. 18 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel Vail

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-12-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 4 6

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

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 Life

12. BIRTHPLACE (CITY OR TOWN) St. Marys, Ohio (STATE OR COUNTRY)

13. NAME Jessie Watkins

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

15. MAIDEN NAME Lydia Winkle

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

17. INFORMANT Ernest Vail, Montrose, Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 10-20-37

19. UNDERTAKER Fred Wilkinson (ADDRESS) Montrose, Mo.

20. FILED Nov 9 1937 R. R. Kenney Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18-1937

22. I HEREBY CERTIFY, That I attended deceased from About 6 months, 1937, to Oct 18, 1937

I last saw her alive on Oct 1, 1937 Death is said

to have occurred on the date stated above, at 11:10 A.M.

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

Cerebral Embolism Date of onset Apr 19-37
Vascular Hypertension as leading condition
Duration unknown

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical 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 _____, 1937

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) S. W. Wolpert, M. D.

(Address) Bellevue, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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