

REC'D MAY 10 1938

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

15396  
Do not use this space.

## 1. PLACE OF DEATH

(a) County NEWTON Registration District No. 609  
(b) Township \_\_\_\_\_ Primary Registration District No. 4363 Registered No. 38  
(c) City NEOSHO (d) Street No. SALE-BOWMAN HOSPITAL St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

SUSAN PERKINS REQUA 2100  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 4, 1938 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ALEXANDER REQUA

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBY 12, 1855

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
83 1 22

to have occurred on the date stated above, at 7:30 P. m.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Cause of death unknown Date of onset \_\_\_\_\_Probable shockwas found lying on railway right of waywith fractured hip. no evidenceof being struck by train

Other contributory causes of importance: \_\_\_\_\_

Hip probably broken in fall186012. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ARKANSAS

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? By Ray Was there an autopsy? No.13. NAME JOHN MISER

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-4, 1938Where did injury occur? in Neosho Newton Co. Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

On railway right of wayManner of injury FallNature of injury Broken Hip15. MAIDEN NAME JANE E POTTER

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Earl Thompson Neosho Mo.

(Address) \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SO. CAROLINA17. INFORMANT A.L. Perkins  
(ADDRESS) GALVESTON, TEXAS18. BURIAL, CREMATION, OR REMOVAL  
PLACE I. O. O. F. C. E. M. DATE 4/7/38 1919. FUNERAL DIRECTOR THE BIGHAM MORTUARY  
(ADDRESS) NEOSHO, MISSOURI20. FILED 4-8-38 19 Onal Sale  
Local Registrar.

STATEMENT BY LICENSED EMBALMER

I, John B. Bigham, Licensed Embalmer No. 2689  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Keith Collier

3632 L. E. No. 3632 or by \_\_\_\_\_  
working under my personal supervision.

Signed John B. Bigham Registered Apprentice No. \_\_\_\_\_  
Licensed Embalmer No. 2689

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)