Crepaire NOV 25 1938

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

36692
Do not use this space.

1. PLACE OF DEATH
(a) County St Francois Registration District No. 775
(b) Township Perry Primary Registration District No. 6020 Registered No. 78
(c) City Bonne Terre Mo R-2 (d) Street No. ..... 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 Susie - Mary - Toppins
(a) Residence, No. Bonne Terre Mo R-2 St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Charles Toppins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29. 1910

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
28	0	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Blackwell Missouri

FATHER
13. NAME Drew Pierce
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Missouri

MOTHER
15. MAIDEN NAME Laura Courtway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Missouri

17. INFORMANT (ADDRESS) Charles Toppins Bonne Terre Mo R-2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Primrose DATE Oct. 24 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Benham Hud Co Bonne Terre Mo

20. FILED Oct. 24 1938 N. W. Hawkins
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1938 to Oct 22 1938
I last saw her alive on Oct 24 1938 Death is said to have occurred on the date stated above, at 10:35 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance: 22

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 .....
(Signed) [illegible], M. D.
1938 (Address) Potosi Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, C. J. Claywell

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Boone Iowa M

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

If this body is not embalmed, above space should be left blank.