

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

REC'D MAR 16 1939

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

Do not use this space.

89  
6  
1

1. PLACE OF DEATH  
County Ray Registration District No. 744  
Township 1 Primary Registration District No. 3035  
City Richmond (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward) \_\_\_\_\_  
2. FULL NAME Susan Rice  
(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.

7612

File No. \_\_\_\_\_  
Registered No. 204

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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1850

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>88</u>	<u>3</u>	<u>5</u>	

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

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) Collage Hill / Ken. /

13. NAME Irvin Hisle

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

15. MAIDEN NAME Elizabeth Willaughby

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

17. INFORMANT Mrs. Allen Rush (ADDRESS) Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunny Slope, DATE Feb. 27, 1939

19. UNDERTAKER E. Thurman (ADDRESS) Richmond Mo.

20. FILED 3-1 1939 Marj B. McDonald 668 (Address) Richmond, Mo.  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1939, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1938, to Feb. 26, 1939  
I last saw h. alive on Feb. 26, 1939. Death is said to have occurred on the date stated above, at 11/50 A.M.  
The principal cause of death and related causes of importance were as follows:  
Hypostatic Pneumonia Date of onset Feb 25  
Chronic Myocarditis  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) M. E. G. Renard 5320  
668 (Address) Richmond, Mo.

RECEIVED

District Health Officer No. 8,

File Number

3/3/39

Filed