

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

Do not use this space.

REC'D AUG 18 1939

1. PLACE OF DEATH

County..... Marion
Township..... Liberty
City..... Palmyra

Registration District No. 548
Primary Registration District No. 4323

File No. 26235
Registered No. 44

2. FULL NAME 200 Mrs. Susan Bias

(a) Residence, No. Palmyra, Mo. St. _____ Ward. _____

Length of residence in city or town where death occurred 23 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

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Bias

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1867 -

7. AGE YEARS 72 MONTHS 0 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. At Home

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) Marion County, Mo.

13. NAME No record C

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record 9

15. MAIDEN NAME No record 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Mrs. Nellie R. Nott (ADDRESS) Peoria, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra, Mo. Greenwood Cem. DATE 7/21/39

19. UNDERTAKER (ADDRESS) Lewis Brown Palmyra, Mo.

20. FILED July 21, 1939 Verlunde Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1939 to July 18, 1939

I last saw him alive on July 15, 1939. Death is said to have occurred on the date stated above, at 12:10 p.m.

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

Cerebral Hemorrhage July 15 Date of onset

Other contributory causes of importance: Arteriosclerosis

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 _____ M. D.

(Address) Orlando ...

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

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