

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

Do not use this space.

39619

1. PLACE OF DEATH

County Barry
Township Washburn
City (No. _____) _____

Registration District No. 37
Primary Registration District No. 3053

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mr. Abe Susok

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs. Annie Susok

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/8/1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
45 10 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Bellevue Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Elemer Susok

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kansas
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Julia Atkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Elemer Susok
(Address) Washburn Mo.

15. FILED 12/14/1929 J. S. Kaster
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 15th 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 15th 1929 to Dec. 15th 1929, and that I last saw him alive on Dec. 15th 1929, and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Measles and Inflammation of the Bowels & Lungs

CONTRIBUTORY (SECONDARY) Measles
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHY TEST CONFIRMED DIAGNOSIS? Rosen
(Signed) D. G. Mitchell, M. D.

(Address) Cassville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Exeter Mo. DATE OF BURIAL Dec 16th 1929

20. UNDERTAKER Robert Barr ADDRESS Exeter Mo.

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.

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