

JAN 20 1936

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

Do not use this space.

40690

1. PLACE OF DEATH

County Ralls
Township Saline
City (No., Ward)

Registration District No. 930
Primary Registration District No. 5962

File No.
Registered No.

2. FULL NAME Susan F. Mastin

(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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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 William F. Mastin (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20th 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 2 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Jasmine, Kentucky

MOTHER 13. NAME John Hicks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasmine, Kentucky

15. MAIDEN NAME Elizabeth Rohr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasmine, Kentucky

17. INFORMANT Woodrow Mastin (ADDRESS) Stimington, Mo. 670

18. BURIAL, CREMATION, OR REMOVAL PLACE Aerial Cemetary DATE 12/27 1935

19. UNDERTAKER Wilson & Son (ADDRESS) Monroe City, Mo.

20. FILED Dec 12, 1935 J. E. Floyd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 25th 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1935, to Dec 25, 1935.
I last saw her alive on Dec 21, 1935. Death is said to have occurred on the date stated above, at 6.45 a.m.

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

Labor Pneumonia Date of onset 12-19-35

Other contributory causes of importance: Senility 108

Name of operation Date of
What test confirmed diagnosis? Clinical. 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? no
If so, specify

(Signed) J. D. Cohee M.D. (Address) Monroe City, 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.

