

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.

JUN 21 1932

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

Do not use this space.

15617

1. PLACE OF DEATH
 24 County Clay Registration District No. 198
 2 Township Fishing River Primary Registration District No. 3011
 4 City Excelsior Springs St. _____ Ward _____
 2. FULL NAME Susan B. Peebles
 (a) Residence, No. 421 W Excelsior 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herbert Peeblers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20-1840
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 6 8
 8. Trade, profession, or particular kind of work done, as spinner, 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) Missouri
 13. NAME Elish Claughton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kty 2
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 2/
 17. INFORMANT Tillie Butterfield
 (ADDRESS) Excelsior Springs Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sanderson Cemetery 5-29- 1932
 19. UNDERTAKER John C. Prather
 (ADDRESS) Excelsior Springs Mo
 20. FILED May 25 1932 G. H. Crocker
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 th 1932
 22. I HEREBY CERTIFY, That I attended deceased from May 1929, to May 28th, 1932
 I last saw her alive on May 28th, 1932 Death is said to have occurred on the date stated above, at 9 A.m.
 The principal cause of death and related causes of importance were as follows:
Angina Pectoris (this attack 5/27 1932)
24B
94A 97
 Other contributory causes of importance:
Hardening of arteries
occlusion of coronary artery
 Name of operation _____ Date of _____
 What test confirmed diagnosis? none 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.
xxxxxxx
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) E. B. Berry, M. D.
 (Address) Excelsior Springs Mo.

