

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

Do not use this space.

18020

1927

1. PLACE OF DEATH
County Franklin Registration District No. 318 File No. _____
Township _____ Primary Registration District No. 2009 Registered No. 367
City Springfield (No. Springfield Hospital) St. _____ Ward _____

2. FULL NAME Francis Elias Suttow
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) _____ Mo. (If nonresident give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX W 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 6-1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 9 8

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Edward Suttow

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

12. MAIDEN NAME OF MOTHER Barbra Dey

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

14. INFORMANT Edward Suttow
(Address) Newburg Mo.

15. 6/14 27 Chas. H. _____
FILED REGISTRAR

3. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-14-27

17. I HEREBY CERTIFY, That I attended deceased from June 13, 1927 to 6-14-1927 and that I last saw him alive on 6-14-1927 and that death occurred, on the date stated above, at 11 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia
19 1/2
3 1/2
Infection of leg following trauma
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
2. DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____ June 13, 27
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) James E. Newry M. D.
6/15, 1927 (Address) Springfield Mo.

*State the IMMEDIATE 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 DATE OF BURIAL
Lowry Park Cemetery 6/16 27

20. UNDERTAKER W. L. Harve ADDRESS _____

Every item of information should be carefully supplied. AGE should be in full years, months and days. CAUSE OF DEATH should be plain terms, so that it may be properly classified. EXPLAIN OCCUPATION IS VERY IMPORTANT.

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PHYSICS DEPARTMENT

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