

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

Do not use this space.

31719

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1903**  
City **St. Louis Mo.** (Name of Hospital **Lutheran Hospital**)

File No.....  
Registered No. **9063**  
St. .... Ward)

**2. FULL NAME** *Nale Sutton*

(a) Residence. No. **3447 So. Jefferson St.** **24** Ward.  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**2. SEX** *Male* | **4. COLOR OR RACE** *White* | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** *Single*  
(write the word)

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** *June 24-1925*

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*2*      *3*      *15*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *None 1228 106A*  
(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)** *Texas*

**PARENTS**

**10. NAME OF FATHER** *Nale Sutton Sr.*

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

**12. MAIDEN NAME OF MOTHER** *Marion Jacques*

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

**14. INFORMANT** *Marion Jacques*  
(Address) *3447 So. Jefferson*

**15. FILED** *OCT 11 1927* *Max G. Starkoff*  
19. *1927*

**3 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** *Oct. 9- 1927*

**17. I HEREBY CERTIFY, That I attended deceased from** *Oct 6*  
*6*.....19*27*, to *Oct 9*.....19*27*  
that I last saw h..... alive on *Oct 9*.....19*27*, and that death occurred, on the date stated above, at *11:11* a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Acute interussusception*  
*(obstruction of bowels)*  
.....(duration)..... yrs. mos. ds. *1* ds.  
**CONTRIBUTORY (SECONDARY)** *acute Bronchitis*  
*congenital debility*.....(duration)..... yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**1** DID AN OPERATION PRECEDE DEATH?..... DATE OF *Oct. 9.*

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....  
*operation*  
*10/8* (Signed) *Emil Simon*, M. D.  
*1825 S 11th* (Address)

\*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** *Sunset Burial Pl.* **DATE OF BURIAL** *Oct. 11 1927*

**20. UNDERTAKER** *Ziegenheim Bros. 2673 Cherokee*

**WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD**

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.

