

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

Do not use this space.

37591

1. PLACE OF DEATH
 County Mississippi Registration District No. 566
 Township Mississippi Primary Registration District No. 5762
 City Charleston (No.) St. Ward

2. FULL NAME James Loren Sutton
 (a) Residence No. Bertrand, Mo. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 7 da. How long in U.S., if of foreign birth? yrs. mos. da.

File No.
 Registered No. 116

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-3-27

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 | 0 | 7 | | |

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Low Sutton

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

12. MAIDEN NAME OF MOTHER Nellie Gibson

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

14. INFORMANT James Sutton
 (Address) Edwardsville, Ky.

15. Dec 10th 1927 F. D. Dapson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-10-27 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1927, to Dec. 10, 1927 (that I last saw him alive on Dec. 7, 1927, and that death occurred, on the date stated above, at 3 h m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dilatation of Heart - from failure of valves to close at birth 1896

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. S. Love, M. D.

10/10, 1927 (Address) Charleston, 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 Kenneth M. Gentry DATE OF BURIAL 12/11/27

20. UNDERTAKER Fair Ind. Co. ADDRESS Charleston Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 13 1928

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