

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

Do not use this space.

32764-1

1. PLACE OF DEATH

County Texas

Registration District No. 893

Township Shelby

Primary Registration District No. 6138

City Lynch (No.)

File No. 1

Registered No. 13

St. Ward

2. FULL NAME

Charley Sutton

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 14 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 9 1

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

9. BIRTHPLACE (CITY OR TOWN) Houston (STATE OR COUNTRY) MO

10. NAME OF FATHER Wall Sutton

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Allen Hays (Address) Licking mo

15. FILED 2-10-33 J.P. Post REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1929, to Sept 15, 1929, that I last saw him alive on Sept 9, 1929, and that death occurred, on the date stated above, at 9:15 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Nephritic disease
& Valvular Regurgitation

CONTRIBUTORY (SECONDARY) 131 (duration) yrs. mos. da.

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) Leslie P. ... M. D.
9-15-29 (Address) Licking 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 Boone Creek Cem DATE OF BURIAL Sept 16 1929

20. UNDERTAKER Licking Adv Co ADDRESS Licking mo

WHILE FADING, 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.

