

...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.

MAY 6 1931

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

Do not use this space.

14910

1. PLACE OF DEATH
 611 County Manion Registration District No. 547
 Township Manion Primary Registration District No. 3229
 1 City Hannibal (No. 836 Grand ave) St. _____ Ward _____
 2. FULL NAME Joseph Sughue
 (a) Residence, No. 836 Grand ave 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1910
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
21 1 4 _____
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe worker S. I.
 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) Hannibal Mo

MOTHER 13. NAME John P. Sughue

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Mary A. Crawford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo

17. INFORMANT Mrs. John Sughue
(ADDRESS) 836 Grand ave - Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cemetery DATE 4/4/31

19. UNDERTAKER James O'Donnell
(ADDRESS) Hannibal Mo

20. FILED 4-2 1931 Clairmont Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/1/31
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 4 P. M.
 The principal cause of death and related causes of importance were as follows:

(Suicide)
By hanging self from bed post at home 836 Grand ave
16.5
 Other contributory causes of importance: 16.5

Name of operation _____ Date of _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 4/1, 1931.
 Where did injury occur? Hannibal Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place? In Home

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) James O'Donnell Coroner of Manion County, Mo.
 (Address) Hannibal, Mo.

[The main body of the document is extremely faint and illegible. It appears to contain several paragraphs of text, but the characters are too light to be transcribed accurately. There are some scattered dark spots and faint markings throughout the page.]