

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

Do not use this space.

20868

**1. PLACE OF DEATH**

2 1 County Clark Registration District No. 190  
Township Madison Primary Registration District No. 5269  
City Katoka (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 29

**2. FULL NAME**

(a) Residence, No. John F. Sutton \_\_\_\_\_  
(Usual place of abode) County Home Ward \_\_\_\_\_

(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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Ray Sutton  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31, 1859  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 5 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming!  
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) Luray Mo!

13. NAME Andrew Sutton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. ?

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown, ?

17. INFORMANT W. H. Sutton  
(ADDRESS) Luray Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blacklegs DATE June 25, 1931

19. UNDERTAKER Suttling's  
(ADDRESS) Katoka Mo

20. FILED 6/25 31 J. A. Bilgus  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1931

22. I HEREBY CERTIFY, that I attended deceased from June 1, 1931 to June 24, 1931

I last saw him alive on June 15, 1931 Death is said

to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

Apoplexy  
2 A. m.  
Date of onset \_\_\_\_\_

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. A. Bilgus, M. D.  
(Address) Katoka Mo

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.

JUL 23 1931

