

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

Do not use this space.

4469

1. PLACE OF DEATH
 45¹ County Howard Registration District No. 376
 1 Township _____ Primary Registration District No. 4220
 3 City Armstrong Mo. (No. _____) St. _____ Ward _____
 2. FULL NAME Orlean M. Sutton
 (a) Residence, No. Academy Ave. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF <u>Wm Sutton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 10 1848</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>3</u>
	DAYS <u>11</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	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) <u>Missouri 1</u>		
FATHER	13. NAME <u>Fredrick Reese</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky 2</u>	
MOTHER	15. MAIDEN NAME <u>Marque Hunt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri 31</u>	
17. INFORMANT <u>Edna Chvington Armstrong Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old Chapel</u> DATE <u>2-22</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>W. M. Dickerson</u>		
20. FILED <u>2/22</u> 19 <u>37</u> <u>W. M. Dickerson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-9 1937 to 2-21 1937
 I last saw her alive on Feb 20 1937 Death is said to have occurred on the date stated above, at 7:50 a.m.
 The principal cause of death and related causes of importance were as follows:
Depleting 95% 111
 Date of onset 2/7/37
 Other contributory causes of importance: Cardiac Distress 1 1914
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No
 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? No
 If so, specify W. M. Dickerson (Signed) _____, M. D.
 (Address) Academy 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.

MAR 28 1937

