

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.

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

Do not use this space.

16097

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. Research Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 1888  
 Registered No. 1888

2. FULL NAME Adolph Sutorius  
 (a) Residence, No. 6430 Wornall Rd St. 8 Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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 OF (OR) WIFE OF Emma Sutorius

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
77 2<sup>d</sup> 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retained Baker

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) Germany 14

13. NAME Paul Sutorius

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

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Emma Sutorius  
6430 Wornall Road

18. BURIAL, CREMATION, OR REMOVAL  
Cremation Elmwood DATE May 10, 32

19. UNDERTAKER (ADDRESS) Wagner Funeral Home  
204 W. Linwood

20. FILED May 9 12m.m. Brown  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1932 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1932, to May 7, 1932.  
 I last saw him alive on May 7 1932 Death is said to have occurred on the date stated above, at 9:10 P.M.

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

Myocarditis  
Accelerator of atherosclerosis  
932  
1236 93.10  
1236 93.10  
 Other contributory causes of importance:  
Diverterculitis of colon  
on jejunum  
ON

Date of onset

Name of operation none 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? no

If so, specify \_\_\_\_\_  
 (Signed) Arthur H. Williams, M. D.  
 (Address) 506 Park Hotel

