

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

Do not use this space.

5804
541

1. PLACE OF DEATH

County Jackson Registration District No. 889
 Township Kaw Primary Registration District No. 1003
 City Kansas City (No. Research Hosp.) St. _____ Ward _____

2. FULL NAME

Blanche Lilliana Sudduth
 (a) Residence, No. Research Hosp. St. _____ Ward Bates City, Mo
 (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 Female **4. COLOR OR RACE** wh **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James J. Sudduth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 - 1902

7. AGE YEARS 29 MONTHS 4 DAYS 16 If LESS than 1 day, hrs. or min.

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

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) Mo

FATHER
13. NAME Joe M. Wilkinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Viola Fitzgerald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Jim Sudduth
 (ADDRESS) Bates City, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Shoreline DATE 1/3 - 1933

19. UNDERTAKER Robert Oak Grove
 (ADDRESS) Mo

20. FILED 29 1933 M. M. Kerowe
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1, 1933

22. I HEREBY CERTIFY, that I attended deceased from Jan 25, 1933, to Feb 1, 1933
 Last saw him alive on Feb 1, 1933 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:

Septicemic Septicemia
(Purpural sepsis)
1450
 Other contributory causes of importance:
Felvic Thrombophlebitis
Lobar Pneumonia

Date of onset Jan 12

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Herbert Starvoen, M. D.
 (Address) 712 Medicine St. Bldg

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.

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