

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

Do not use this space.

30435

1. PLACE OF DEATH

74 County Madison Registration District No. 630
Township Windsor Primary Registration District No. 5832
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Charles Sutherland
(a) Residence, No. _____ 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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>M. Meyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 17 - 1842</u>		
7. AGE	YEARS <u>90</u>	MONTHS <u>9</u>
	DAYS <u>16</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>Ret. Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Ret. Farmer</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>10 yrs</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bates Missouri</u>		
MOTHER / FATHER	13. NAME <u>Mat. Brown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>M. Brown</u>	
	15. MAIDEN NAME <u>Mat. Brown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT <u>John Sutherland</u> (ADDRESS) <u>Skidmore, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bates</u> DATE <u>Sept 15, 1933</u>		
19. UNDERTAKER <u>H. R. E. Kelly & Sons</u> (ADDRESS) <u>Skidmore Mo.</u>		
20. FILED <u>Oct 5, 1933</u> <u>Dr. J. C. Manning</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1933 to Sept 13, 1933
I last saw him alive on Sept 13, 1933. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Aortic insufficiency
Chronic interstitial nephritis
Hypostatic pneumonia
Date of onset _____

Name of operation no 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 J. C. Manning, M. D.
(Signed) Skidmore Mo.
(Address) Sept 14 - 1933

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.

OCT 20 1933

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