

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

Do not use this space.

1. PLACE OF DEATH

County Madison
Township HLR
City Susanna (No. Road Sutton)

Registration District No. 538
Primary Registration District No. 5729

File No. 2664a
Registered No. 38
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u> (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Sutton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6 - 1847</u>		
7. AGE <u>86</u>	YEARS	MONTHS <u>5</u> DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Widow</u>		11. Total time (years) spent in this occupation <u>✓</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
10. Date deceased last worked at this occupation (month and year)		

(2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10 - 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov, 1920, to Mar 10 - 1934
I last saw her alive on Feb 11 - 1934 Death is said to have occurred on the date stated above, at 11 A.M.

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

Senile Decay
106d
106d
Other contributory causes of importance:
Bronchitis

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? no Date of injury ✓, 1934
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) M. P. Jarber M. D.
(Address) Fredericktown, MO

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
	13. NAME <u>Lemuel Wells</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
	15. MAIDEN NAME <u>Clarke</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
FATHER	17. INFORMANT (ADDRESS) <u>Fra Sutton</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethel Lew</u> DATE <u>3/17/1934</u>
MOTHER	19. UNDERTAKER (ADDRESS) <u>White</u> <u>Sutton, Mo</u>
	20. FILED <u>July 6, 1934</u> <u>S. C. Slaughter</u> Registrar

By E. A. Schwaner

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.

