JAN 9 1935

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

Beckemeyer

Do not use this space.

43954

File No. 418 419

Registered No. 668

1. PLACE OF DEATH
County PETTIS
Registration District No. 668
Township
Primary Registration District No. 3032
City SEDALIA (No. 1842 SO BARRETT St. Ward)

2. FULL NAME GEORGE SUTER

(a) Residence, No. 1842 SO BARRETT 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF ROSALEE SUTER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 9 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	72	1	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PLUMBER
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) ENGLAND

FATHER
13. NAME H.R. SUTER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

MOTHER
15. MAIDEN NAME DON'T KNOW
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT MRS. GEO. SUTER
(ADDRESS) SEDALIA MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE CROWN HILL DATE DEC. 17, 1934

19. UNDERTAKER GILLESPIE FUNERAL HOME
(ADDRESS) SEDALIA MO.

20. FILED 12-17-, 1934 Jean Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 15/34, 19

22. I HEREBY CERTIFY, That I attended deceased from X, 1930, to Dec 15-, 1934

I last saw h.. alive on Dec 7, 1934. Death is said to have occurred on the date stated above, at 7 a m.

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

	Date of onset
Angina Pectoris	Sudden

Other contributory causes of importance:

Ch. Mitral Insufficiency	X
Ch. Interstitial Nephritis	X
Hypertension	X

Name of operation X 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 X

(Signed) Wm Beckemeyer, M. D.
(Address) Sedalia Mo

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.