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

JUL 13 1936

Do not use this space.

22078

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 848

City St. Joseph (No. 5611 Gordon St. St. Ward)

2. FULL NAME Ina Sutton

(a) Residence, No. 5611 Gordon St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femlae
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: John Sutton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1879

7. AGE: YEARS 56 — MONTHS 9 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Davis County Missouri

FATHER

13. NAME McIntyre Duffey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

MOTHER

15. MAIDEN NAME Nellie Hayes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT (ADDRESS) John Sutton 5611 Gordon St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Altamont, Mo. DATE June 26, 1936

19. UNDERTAKER (ADDRESS) Clark Mortuary 5025 King H...

20. FILED 6/26, 1936 H. J. Nestlebush Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 1930 to June 25, 1936

I last saw her alive on June 23, 1936 Death is said to have occurred on the date stated above, at 4:30 a.m.

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

	Date of onset
Chr. Myo Carditis	1935
Chr. Nephritis Inter	1935
Acute Uremia	1936

Other contributory causes of importance:

Chr. Rheumatic Arthritis (General)	1925

Name of operation — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? No

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) A. R. Tennemann, M. D.

(Address) St Joseph Mo