

MAY 19 1937

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

Do not use this space.

16083

49

1. PLACE OF DEATH

County Clay Registration District No. 201
Township Liberty Primary Registration District No. 5280
City (No. J. O. J. Home) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

John J. Sutherland
(a) Residence, No. Liberty St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 3 mos. 25 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 3 23

OCCUPATION 8. Trade, profession, or kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer

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) April 1932 11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Tennessee

FATHER 13. NAME James C. Sutherland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

MOTHER 15. MAIDEN NAME Elizabeth Keelin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

17. INFORMANT (ADDRESS) J. O. J. Home Records Stella W. J.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph No DATE April 29, 1937

19. UNDERTAKER (ADDRESS) Heaton B. Cole Bowman St. Joseph Mo.

20. FILED 7/29, 1937 E. T. Braun Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1937

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1937, to April 29, 1937.

I last saw him alive on April 27, 1937. Death is said to have occurred on the date stated above, at 7:00 p. m.

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

Coronary thrombosis Date of onset _____

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ 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 _____, 1937

Where did injury occur Liberty, Clay Co., Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fractured Hip - Fall

Nature of injury on stairs

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. M. Thomas, M. D.

(Address) Liberty, Mo.

