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REC'D JUN 10 1938

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

18513
Do not use this space.

1. PLACE OF DEATH
(a) County Gasper Registration District No. 408
(b) Township _____ Primary Registration District No. 3020 Registered No. _____
(c) City Carthage (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jane Henrietta Sutton 950
(a) Residence, No. 1317 S. Maple St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 J. L. Sutton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>79</u>	<u>7</u>	<u>0</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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) Fremont 5
(STATE OR COUNTRY) Ireland 5

FATHER 13. NAME John Armstrong 5
14. BIRTHPLACE (CITY OR TOWN) Ireland 5
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Susan Armstrong
Unknown
16. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

17. INFORMANT Mrs. Frances Logan
(ADDRESS) Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Cemetery DATE May 16, 1938

19. FUNERAL DIRECTOR (NAME) Charles Thomsen
(ADDRESS) Carthage, Missouri

20. FILED May 16, 1938 E. J. McIntire, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1937, to May 14, 1938
I last saw her alive on May 14, 1938. Death is said to have occurred on the date stated above, at 3:05 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis with decompensation Date of onset 5/7/38

Other contributory causes of importance: none

Name of operation none Date of _____
What test confirmed diagnosis? physical 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 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) George H. Wood, M. D.
(Address) Carthage 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.

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF FUNERAL SERVICE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. 391, working under my personal supervision.

Signed _____
Emmal R. [Signature]

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.