

1939 OCT 12 1939

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

Do not use this space.

33790

File No.

Registered No. 12

1. PLACE OF DEATH

County Washington Registration District No. 885
Township Belleview Primary Registration District No. 45-36
City Caledonia (No.) St. Ward)

2. FULL NAME Irene Sutton

(a) Residence, No. Caledonia Mo 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 Fem 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 John Sutton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1845

7. AGE YEARS 93 MONTHS 11 DAYS 22 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Belleview Mo. (STATE OR COUNTRY) 0

FATHER 13. NAME Nathaniel Highley 1

14. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

17. INFORMANT Frank Sutton (ADDRESS) Caledonia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Caledonia Mo. DATE Sept. 8 19 39

19. UNDERTAKER Norman White & Sons (ADDRESS) Ironton Mo.

20. FILED 9-13 1939 Ella White Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7 19 39

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1939, to Sept 7 1939

I last saw h. alive on Sept 7 1939. Death is said to have occurred on the date stated above, at 2.25 P.

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

Infantile Right Hip joint
no Positive diagnosis
made other than
infantile old age
Date of onset 5/24/39

Other contributory causes of importance:

Endo carditis 186

Name of operation Date of

What test confirmed diagnosis? Chemical 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 Sept 7 1939

Where did injury occur? Home (Specify city or town, county, and State)

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

Manner of injury accidental fall

Nature of injury injury back and neck

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) W. J. Duckworth M. D.

(Address) Desloge 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.

