

REC'D JAN 18 1940

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

42638
Do not use this space.

1. PLACE OF DEATH 2

(a) County Atchison Registration District No. 20

(b) Township Tarkio Primary Registration District No. 5027 Registered No. _____

(c) City Tarkio, Mo (d) Street No. _____ St. _____

(e) Length of residence in city or town where death occurred yrs. 0 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah Catherine Suttle
(If death occurred in Hospital or Institution, write its name instead of street and number)

(a) Residence, No. Burlington Junction, Mo St. (If nonresident, give city or town and State)

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 Callahill Suttle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30, 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>74</u>	<u>6</u>	<u>1</u>	

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) (STATE OR COUNTRY) Quitman Mo

FATHER 13. NAME Henry Bowman

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Maria Hagey

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs W. E. Stafford Tarkio Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Quitman Mo DATE May 3, 1939

19. FUNERAL DIRECTOR (ADDRESS) W. E. Stafford Tarkio Mo

20. FILED May 2, 1939 Wm. H. Bank Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1939 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1938, to May 1, 1939

I last saw her alive on May 1, 1939. Death is said to have occurred on the date stated above, at 3:30 PM

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

Hypertensive heart disease with decompensation
Coronary sclerosis

Date of onset
?
?

Other contributory causes of importance: 15 1/2

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) C. H. Flynn, M. D.

(Address) Tarkio, 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.

