FILED JUN 14 1940

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

18601
Do not use this space.

1. PLACE OF DEATH
(a) County Iron — Registration District No. 391
(b) Township Arcadia — Primary Registration District No. 5546a — Registered No. 40
(c) City — (d) Street No. The Home for Aged Baptist St.
(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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Esther Sutherland
(a) Residence, No. The Home for Aged Baptists, Ironton, Mo. St.
(Usual place of abode, if no street address, write county or city) (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: John H. Sutherland
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 26, 1861
7. AGE: YEARS 78 — MONTHS 9 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Adrans, Mich.

FATHER
13. NAME: V. B. Whitney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER
15. MAIDEN NAME: Fannie Austin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Jno. H. Burney, Ironton, Mo.
18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Hills dale Mich DATE May 26 1940
19. FUNERAL DIRECTOR (ADDRESS): Norman White & Sons, Ironton, Mo.
20. FILED May 26 1940 Julia A. Gunton, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/25, 1940.
22. I HEREBY CERTIFY, That I attended deceased from 5/21, 1940, to 5/25, 1940
I last saw her alive on 5/25, 1940. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Broncho-Pneumonia	5/21/40
acute naso-Pharyngitis	5/14/40

Other contributory causes of importance: chronic Bronchal Asthma? Senility.

Name of operation: none — Date of
What test confirmed diagnosis? Phys. exam — 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) R. E. Harland, M. D.
(Address) Ironton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, Norman R. Wolitz, Licensed Embalmer No. 1184

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Norman R. Wolitz

Licensed Embalmer No. 1184

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.)