

FILLED JUL 10 1941

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

22856

Do not use this space.

1. PLACE OF DEATH

(a) County Scotland Registration District No. 811
 (b) Township South Hill Primary Registration District No. 4489
 (c) City Rutledge or (d) Street No. 1
 (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.

Registered No. 5

2. PRINT FULL NAME

William Suter
 (a) Residence, No. Rutledge 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 male 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED? HUSBAND OF (OR) WIFE OF Mellie Suter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 6 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Scotland Co Mo

FATHER 13. NAME Madison Suter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co Mo

MOTHER 15. MAIDEN NAME Hicks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co Mo

17. INFORMANT (ADDRESS) Kate B. Gal. Baring mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Murphree DATE 6/4/1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Deily Undertaking Co Rutledge mo

20. FILED June 4, 1941 Mary See Thome Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/2 1941

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him dead on 6/2, 1941. Death is said

to have occurred on the date stated above, at 1:00 m.
 The principal cause of death and related causes of importance were as follows:

accidental death by being struck by South Free Train killed instant

Date of onset

Other contributory causes of importance

Name of operation 170C Date of 7/9
 What test confirmed diagnosis? 7/9 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 ---

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 --- 099
 Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify ---

(Signed) PTA Baker M. D.
 (Address) Murphree

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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RECEIVED

District Health Officer No. 10

District File Number 7-41-1361

Date Filed JUL 16 1941

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

James H. Bailey, Registered Apprentice No. 298
working under my personal supervision.

Signed

James H. Bailey
Licensed Embalmer No. 3145

P. O. Address Rutledge W

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.