

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.

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

Do not use this space.

REC'D APR 22 1938

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City New Estabrook

Registration District No. 774
Primary Registration District No. 601813

File No. 11968
Registered No. 769
St. _____ Ward _____

2. FULL NAME

Tony Sutherland 36
(a) Residence, No. _____ 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 m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva A. Sutherland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19th 1874

7. AGE YEARS 63 MONTHS 3 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) 4-4-38 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.13. NAME Richard Sutherland14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co, Mo15. MAIDEN NAME Lila Bono16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT Eva A. Sutherland
(ADDRESS) Farmington Mo 670218. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles Rivers DATE 4-6 193819. UNDERTAKER Caldwell Bros
(ADDRESS) Lead River Mo20. FILED 419 1938 O. Barker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 2 1938, to Apr 4 1938
Last seen alive on Apr 3 1938. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
Essentially Coronary
new aged arteriosclerosis
Date of onset 4-2-38
Other contributory causes of importance:
High Blood Pressure

Name of operation Cleval Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? _____
If so, specify Apoplexy, M. D.
(Signed) _____
177 (Address) Farmington Mo

