

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

Do not use this space.

19749

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1008
 City St. Louis (No. St. Johns Hospital) St. _____ (Ward)

File No. _____
 Registered No. 5743

2. FULL NAME

(a) Residence. No. _____ St. 12 Ward Flat River Mo.
 (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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>M. Charles Sutton</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 13, 1868</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>10</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		
9. BIRTHPLACE (CITY OR TOWN) <u>Belleview</u> (STATE OR COUNTRY) <u>Mo</u>		
PARENTS	10. NAME OF FATHER <u>Wm. Thompson</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Belleview</u> (STATE OR COUNTRY) <u>Mo</u>	
	12. MAIDEN NAME OF MOTHER <u>Ruth Johnson</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Salon</u> (STATE OR COUNTRY) <u>Mo</u>	

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 5:17, 1931 that I last saw her alive on 2-16, 1931, and that death occurred, on the date stated above, at 2:00 am

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral embolus & hemiplegia. Apoplectic

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY) Cancer of orbit
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? DATE OF.....
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Chas. Miller, M.D.
5/18, 1931 (Address) W. M. D. W. Saine 410

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT <u>C. L. Sutton</u> (Address) <u>Farmington Mo.</u>	19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Farmington Mo</u>	DATE OF BURIAL <u>5/20 31</u>
15. FILED <u>May 25 1931</u> REGISTRAR	20. UNDERTAKER <u>Caldwell Bros</u>	ADDRESS <u>Flat River Mo</u>

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.

