

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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**

PLACE OF DEATH
County Jackson
Township _____ or _____
Village _____ or _____
City Kansas City (NO. 2410 Charlotte St. 7th Ward) Registration District No. 399 File No. 20115
Primary Registration District No. 1002 Registered No. 2308
FULL NAME Flora Gordon Sutherland [If death occurred in hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Dem.</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>widowed</u> (Write the word)
DATE OF BIRTH <u>Oct. 25</u> , 18 <u>85</u> (Month) (Day) (Year)		
AGE <u>91</u> yrs. <u>8</u> mos. <u>14</u> ds.		IF LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>At home</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Scotland</u>		
PARENTS	NAME OF FATHER <u>Alex. Gordon</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Scott</u>	
	MAIDEN NAME OF MOTHER <u>Frazier</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Scott</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mr. T. P. Douglas</u> (ADDRESS) <u>2410 Charlotte</u> Filed <u>JUL 10 1910</u> <u>Eller Davis</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 1910, to _____, 1910, that I last saw her alive on _____, 1910, and that death occurred, on the date stated above, at 10 P. m.
The CAUSE OF DEATH* was as follows:
Enterococcalitis
1203
(Duration) ____ yrs. ____ mos. 10 ds.

Contributory (SECONDARY) _____ (Duration) ____ yrs. ____ mos. ____ ds.
(Signed) Harry Carlwick M. D. 7/9/10 (Address) Kansas City, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 5 yrs. ____ mos. ____ ds. In the 40 yrs. ____ mos. ____ ds.
Where was disease contracted if not at place of death?
Former or usual residence Kansas City, Mo.

PLACE OF BURIAL OR REMOVAL Union Cem. DATE OF BURIAL Jul 11 1910
UNDERTAKER Stine & Son Undertaking Co. ADDRESS 408 E. 9th St.

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