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

PLACE OF DEATH

County Iron

Township Arcadia
or
Village ~~Arcadia~~
or
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 391 File No. 26251

Primary Registration District No. 5546a Registered No. 23

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Killis Sutton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: white

SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): no yes no no

DATE OF BIRTH: Feb (Month) 19 (Day), 1834 (Year)

AGE: 75 yrs. 4 mos. 24 ds.

If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: farmer
(b) General nature of industry, business, or establishment in which employed (or employer): General farm work

BIRTHPLACE (City or town, State or foreign country): Iron Co. MO

PARENTS
NAME OF FATHER: Leonard Sutton
BIRTHPLACE OF FATHER (City or town, State or foreign country): Penn
MAIDEN NAME OF MOTHER: Elizabeth Huff
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Penn

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Isaac Sutton

(ADDRESS) Ironton MO

Filed Aug 16, 1913. R. W. Gay REGISTRAR
by Nannie Walker
Dept

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 16 (Day), 1913 (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 15th, 1913, to Aug 16th, 1913, that I last saw him alive on Aug 16th, 1913, and that death occurred, on the date stated above, at 1:15 p m.

The CAUSE OF DEATH* was as follows:

Cholera Morbus

120 B

(Duration) ___ yrs. ___ mos. 2 ds.

Contributory (SECONDARY) General Debility

(Duration) One yrs. 6 mos. ___ ds.

(Signed) Dr. Isaac Marshall M. D.

Aug 16, 1913 (Address) Ironton, 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 ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR ~~REMOVAL~~: Sutton Grove yard

DATE OF BURIAL: Aug 17, 1913

UNDERTAKER: A. Reilse

ADDRESS: Ironton MO

Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory. The* material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc. of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles;* genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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