

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

11339

1 PLACE OF DEATH
County New Madrid
Township West
or
Village
or
City Morehouse (NO. St. Ward)

Registration District No. 603 File No.
Primary Registration District No. 4307 Registered No. 17

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

2 FULL NAME Virginia Jew Sutton

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>Single</u>
6 DATE OF BIRTH <u>Jan 30 1916</u> (Month) (Day) (Year)		
7 AGE <u>1 14</u> yrs. mos. ds.		If LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry business or establishment in which employed (or employer) <u>None</u>		
9 BIRTHPLACE (City or town, State or foreign country) <u>Mo.</u>		
PARENTS	10 NAME OF FATHER <u>Walter Sutton</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>England</u>	
	12 MAIDEN NAME OF MOTHER <u>Bettie Markena</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Tenn.</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. Sutton
(Address) Morehouse

15 Filed 3/14 1916 John T. Cannon Registrar

1 MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH March 12 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from March 8 1916 to March 11 1916 that I last saw her alive on March 11 1916 and that death occurred, on the date stated above, at 6:30 A.M.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia.
107A
M
(Duration)..... yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)
(Duration)..... yrs. mos. ds.
(Signed) W. Sutton M. D.
3-17 1916 (Address) Morehouse mo

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

18 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.....

19 PLACE OF BURIAL OR REMOVAL Morehouse Morehouse Mo DATE OF BURIAL 3/14 1916

20 UNDERTAKER Messner Hammett Co ADDRESS Morehouse

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

