

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

Do not use this space.

13236-1

1. PLACE OF DEATH

County Morgan
Township Buffalo
City (No.) St. Ward

Registration District No. 598
Primary Registration District No. 5794

File No.
Registered No. 3

2. FULL NAME

Jesse Washington Suttler
(a) Residence. No. Morgan Co Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 29 yrs. 5 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Edna Iva Hibdon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 14 - 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 5 20

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 43
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Morgan Co Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Chas. T. Suttler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Macon Co Mo.
12. MAIDEN NAME OF MOTHER Jessie Cook
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Mo.

14. INFORMANT Mrs. Chas. T. Suttler
(Address) Gravies Mills Mo.

15. FILED 2-19-31 H.H. Suttman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14 1922
17. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1922, to Mar 15, 1922, that I last saw him alive on Mar 15, 1922, and that death occurred, on the date stated above, at 2 22 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11/16
22
31
31
pulmonary tuberculosis
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF No

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS Clinical History
(Signed) A. J. Brown M. D.

2-19-1931 (Address) Thrsailer Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Webster Band Camp Apr 15 1922
20. UNDERTAKER ADDRESS Carver Mo
Wm. Suttman

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.

APR 25 1931

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1. PLACE OF DEATH

County Morgan
 Township Buffalo
 City (No.) St. Ward)

Registration District No. 598
 Primary Registration District No. 5794

File No.
 Registered No. 3

2. FULL NAME

Jesse Washington Sutton
 (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 29 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Edna Hibdon Sutton</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 14 - 1892</u>		
7. AGE <u>29</u>	YEARS <u>5</u>	MONTHS <u>0</u>
		DAYS <u>0</u>
If LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>farm work</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>Carver, Mo</u> (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER <u>Chas. Sutton</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Mason Co Missouri</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>Jennie Cook</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Morgan Co Missouri</u> (STATE OR COUNTRY)	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 14 1922

17. I HEREBY CERTIFY, That I attended deceased from April 1st 1922 to Apr 14 1922 that I last saw him alive on Apr 1st 1922 and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis
 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gassed white in army
 (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?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) A J Keen, M. D.
 19 (Address) Versailles Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Wilson Bend Cemetery</u>	DATE OF BURIAL <u>Apr 15 1922</u>
20. UNDERTAKER <u>Wesley Sumner</u>	ADDRESS <u>Carver 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.

14. INFORMANT Franc Sutton
 (Address) Gravois Mills Mo

15. FILED 2-19-31 A A Sullivan
 REGISTRAR

1923/1