5 1927

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

Do not use this space.

17634

1. PLACE OF DEATH
County Buchanan — Registration District No. 86 — File No. 17634
Township Washington — Primary Registration District No. 5127 — Registered No. 28
City ~~St. Joseph~~, Mo. (No. Route # 5, St. Joseph, Missouri St. ..... Ward)

2. FULL NAME Samuel Reed Sutton
(a) Residence. No. Route # 5, St. Joseph, Mo. Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 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: Melissa Sutton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 7, 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
53	2	20	

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

9. BIRTHPLACE (CITY OR TOWN): Trenton.
(STATE OR COUNTRY): Missouri

PARENTS.
10. NAME OF FATHER: John Sutton
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Trenton,
(STATE OR COUNTRY): Missouri.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs. S. R. Sutton,
(Address): R. F. D. # 5, City

15. FILED 6-28, 19 ..... J. J. Banshach
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 27, 1927

17. I HEREBY CERTIFY, That I attended deceased from June 24, 1927, to June 26, 1927 that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 9:05 A. m.

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

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

74 01

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? paralysis
(Signed) Leroy L. Kenney, M. D
6-28, 1927 (Address) St Joseph 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: Masonic Cemetery, Dearborn, Mo — DATE OF BURIAL: 6-29 1927

20. UNDERTAKER: Fleeman - Faris — ADDRESS: 1208 Francis