

AUG 16 1927

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

Do not use this space.

20823

1. PLACE OF DEATH

County Callaway.  
Township Fulton #4  
City Fulton Mo

Registration District No. 104  
Primary Registration District No. 3008

File No. \_\_\_\_\_  
Registered No. 130  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

J. E. Suter  
(a) Residence. No. J Eldon Mo St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 22 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) July-12-1927

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY That I attended deceased from Aug-20-1925 to July-12-1927 that I last saw him alive on July 11-1927, and that death occurred, on the date stated above, at 11:10 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

THE CAUSE OF DEATH WAS AS FOLLOWS:  
General Paralysis of the Insane - (Polaris)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
55 No information or \_\_\_\_\_

CONTRIBUTORY (SECONDARY) 76 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work R.R. Brokerman  
(b) General nature of industry, business, or establishment in which employed (or employee) Employed by Rock Island R.R.  
(c) Name of employer Rock Island R.R.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? No

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Information lacking

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

10. NAME OF FATHER No information

WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? neurological, neurological and mental

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No information

(Signed) H. J. Rogers M. D.

12. MAIDEN NAME OF MOTHER No information

7-12-1927 (Address) Fulton Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No information

\*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.

14. INFORMANT (Address) State Hospital Records Fulton Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Keokuk, Iowa DATE OF BURIAL D.K. 19. \_\_\_\_\_

15. July 17, 1927 R. M. Crews REGISTRAR

20. UNDERTAKER Herndon-Taylor Furn-Co. Fulton MO ADDRESS \_\_\_\_\_

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

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