AUG 17 1927

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

Do not use this space.

21845

1. PLACE OF DEATH
County Lawrence — Registration District No. 467 — File No.
Township [illegible] — Primary Registration District No. 1280 — Registered No. 65
City Aurora (No. ..... St. ..... Ward)

2. FULL NAME Clara Suttles
(a) Residence. No. College St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Wh	M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 28 1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	21	4	23	

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

9. BIRTHPLACE (CITY OR TOWN) Aurora Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Charley Bond
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lawrence Co Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Henson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lawrence Co Mo
(STATE OR COUNTRY)

14. INFORMANT Loyd Suttles
(Address) Aurora, Mo

15. FILED 7/22, 1927 R. W. Smart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1927

17. I HEREBY CERTIFY, That I attended deceased from 5-30, 1927, to July 10, 1927 that I last saw her alive on 5-30, 1927, and that death occurred, on the date stated above, at 6:10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch. Pulmonary
L.3A7
Tuberculosis
(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (SECONDARY) 31
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? nil
DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.
(Signed) R. D. Cowan, M.D.
, 19 (Address) Aurora, 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 Maple Park Cem — DATE OF BURIAL 7/22 1927

20. UNDERTAKER King Bond Co — ADDRESS Aurora Mo

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.