

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

Do not use this space.

2277

FEB 23 1928

1. PLACE OF DEATH
 North of Foristell.
 County St Charles Mo
 Township Osage
 City Foristell (No.)

Registration District No. 75
 Primary Registration District No. 5999

File No.
 Registered No. 53
 St. Ward)

2. FULL NAME William Sucketh

(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 yrs. 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) Widowed

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

widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76. 11. 21.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

10. NAME OF FATHER Thomas H Sucketh

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Blissabeth Edwards

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Carroll Sucketh
 (Address) Foristell Mo

15. FILED 1-20 1928 J M Jenkins
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 18 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 18 1928, to Jan 18 1928, that I last saw him alive on Jan 18 1928, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart disease
ventral incompetency

CONTRIBUTOR (SECONDARY) DA (duration) yrs. mos. 11 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? DA

8 DID AN OPERATION PRECEDE DEATH. DATE OF... WAS THERE AN AUTOPSY...

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Chas. Miller, M. D.

(Address) Foristell

*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
Edwards Family Cemetery Jan 20 1928
 20. UNDERTAKER ADDRESS
P. G. Mulvaney Wray City Mo

M. D.—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.

