

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

Do not use this space.

8637

1. PLACE OF DEATH

County Henry Registration District No. 4
 Township Windsor Primary Registration District No. 4211
 City Windsor St. _____ Ward _____

File No. _____
 Registered No. 12

2. FULL NAME

Daniel Logan Sutherland
 (a) Residence No. 403 So 7th St. 3 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. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-6-1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 1 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) none
 (c) Name of employer none

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

10. NAME OF FATHER Uriah Logan Sutherland

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

12. MAIDEN NAME OF MOTHER Margaret Jane Harris

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

14. INFORMANT (Address) J. D. Sutherland Windsor, Mo.

FILED mch 18 28 19 28 J. Demming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) mch-17-1928

17. I HEREBY CERTIFY That I attended deceased from mch 11 1928 to mch 17 1928 and that I last saw him alive on mch 17 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

no bar
100 Pneumonia
162/100 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) Senility (duration) yrs. mos. da.

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) G. W. Head M. D.
 _____, 19 _____ (Address)

*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

Windsor, Mo March 18 1928

20. UNDERTAKER ADDRESS

Geo. H. Carter

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.

1928

