

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

Do not use this space.

10236

MAR 21 1928

1. PLACE OF DEATH  
 County Randolph Registration District No. 735 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3034 Registered No. 49  
 City Moberly (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jessie Alice Suddberry  
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6/14/1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>50</u>	<u>8</u>	<u>15</u>	

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) Mendota  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Alvyn Wagner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Nancy J. Wyckoff

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

14. INFORMANT Mrs. Alvyn Wagner  
 (Address) Halleddy Mo

15. FILED 3-2-28 Thos S. Fleming  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/1 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1928, to March 1, 1928, and that I last saw her alive on March 1, 1928, and that death occurred, on the date stated above, at 2 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

386 Erysipelas  
2/13 (duration) yrs. mos. 9 da.  
 CONTRIBUTORY unknown  
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? yes DATE OF 2/20-28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) G. L. McCormick, M. D.  
 , 19 (Address) Moberly 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 Bethel Cemetery DATE OF BURIAL March 2 1928

20. UNDERTAKER Fred A. Thompson ADDRESS Moberly 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.

