

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

Do not use this space.

1061

1. PLACE OF DEATH

County Jefferson
Township St. Louis
City St. Louis (No. 1)

Registration District No. 314
Primary Registration District No. 4190

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____
(Usual place of abode)

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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF deceased John Miles Sutton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14 - 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 10 24

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) Danvers Co
(STATE OR COUNTRY) MO

10. NAME OF FATHER Alexander Foyner

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

12. MAIDEN NAME OF MOTHER Hannah Cable

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

14. INFORMANT Mrs Jas. Welton
(Address) St. Louis

15. CS Berna
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 8 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
(duration) _____ yrs. _____ mos. 9 ds.

CONTRIBUTORY (SECONDARY) 11/13
(duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) H. J. Hinchey, M. D.
, 19____ (Address) St. Louis - 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 St. Louis MO DATE OF BURIAL 1/10/29

20. UNDERTAKER Robert H. Phillips ADDRESS St. Louis MO

JAN 22 1929

JAN 22 1929

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.

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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