

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

Do not use this space.

7499

**1. PLACE OF DEATH**

County Perry Registration District No. 660  
 Townships Central Perryville Primary Registration District No. 4396  
 City Perryville (No.     ) St.      Ward     

File No. 9  
 Registered No.     

**2. FULL NAME**

(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.

*Mary Idell Sutherland*

**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 OF (OR) WIFE OF Floyd Sutherland  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 26 1910  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
18 | 1 | 6 |      hrs.      min.

**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)**

Perryville Mo  
 (STATE OR COUNTRY)

**10. NAME OF FATHER**

Frank Weber

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Perry Co Mo  
 (STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Mary J. Hayton

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Perry Co Mo  
 (STATE OR COUNTRY)

**14.**

INFORMANT Frank Weber  
 (Address) Perryville Mo

**15.**

FILED 2/4 19 27 Geo. J. Meeker  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 19 29  
 17. I HEREBY CERTIFY, That I attended deceased from Feb 1 1929 to Feb 2 1929  
 that I last saw      alive on Feb 2 1929, and that death occurred, on the date stated above, at      Mo.

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

Membranous Group  
 (duration) yrs. mos. 5 da.  
 CONTRIBUTORY Marriage at 3 1/2 mo  
 (SECONDARY) (duration) yrs. mos. da.

**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) W. H. Bailey M. D.

, 19 (Address) Perryville Mo

\*State the DISEASE CAUSING DEATH, of 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**

Mount Hope Cem. 2-5-1929

**20. UNDERTAKER**

**ADDRESS**

Follen Perryville Perryville, 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.

MAR 25 1929

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

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