

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

Do not use this space.

13706

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

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.

MAY 23 1929

PLACE OF DEATH
County Adair Registration District No. 4
Township Turkville Primary Registration District No. 3001
City Turkville (No. _____) St. _____ Ward _____

2. FULL NAME Dora Suter

(a) Residence. No. _____ St. _____ Ward Wassawmo
(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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. J. Suter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 1-1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
60 4 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Invalid
(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) Mo

10. NAME OF FATHER J. S. Howard

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

12. MAIDEN NAME OF MOTHER Mary Jane Bailey

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

14. INFORMANT W. E. Eddy (Address) Wassawmo

15. FILED 4/30-1929 C. Beckler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-26 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 13, 1929, to Apr 26, 1929, that I last saw her alive on Apr 26, 1929, and that death occurred, on the date stated above, at 7:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Peritoneum
(duration) 1 yrs. mos. da.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH _____ DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr 24 WAS THERE AN AUTOPSY? _____ WHAT TEST CONFIRMED DIAGNOSIS? _____ (Signed) Geo M. Campbell M.D. (Address) Rutledge 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 River Side Wassaw DATE OF BURIAL 4/26 1929

20. UNDERTAKER W. C. Summer ADDRESS Turkville

1929-4-26
1868-12-1

20-4-25