

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

Do not use this space.

13713

**1. PLACE OF DEATH**

County Andrew  
Township Lincoln  
City .....

Registration District No. 8  
Primary Registration District No. 5011

File No. ....  
Registered No. ....

(No. Enroute to St. Joseph on C.B. & Q. Train St. .... Ward)

**2. FULL NAME Harry Suthers**

(a) Residence. No. .... St. .... Ward. Nodaway Mo.  
(Usual place of abode) (If nonresident, give city or town and State)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Anna Suthers (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
33 9 14

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Track Worker  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer C. B. & Q. R. R.

9. BIRTHPLACE (CITY OR TOWN) Fillmore  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Thomas Suthers  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Missouri  
12. MAIDEN NAME OF MOTHER Martha Goff  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Andrew Co.  
(STATE OR COUNTRY) Missouri

14. INFORMANT Cyrus Suthers  
(Address) 511 North 4th Street

15. FILED Apr 22 1929 J. W. Holcomb  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 20 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1929

that I last saw him alive on Apr. 21, 1929, and that death occurred on the date stated above, at 8-10 P. m.  
at home  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Fractured skull  
resulting from being  
struck by R.W. Leonard  
4-20-29 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 235  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

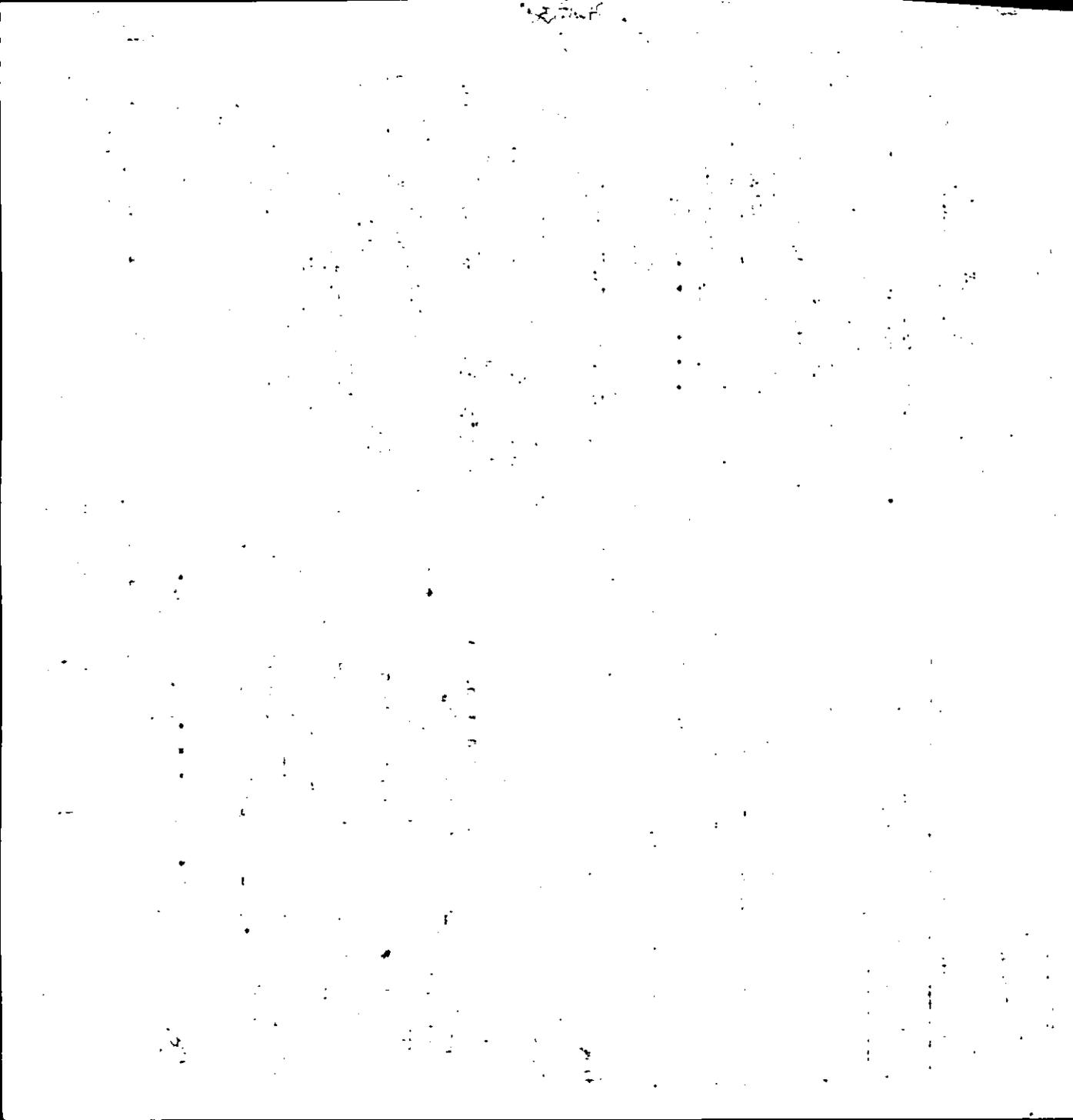
WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) C. S. Bevers, M. D.  
, 19 (Address) Ameyan's Inc

\*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

Nodaway Mo April 23 1929

20. UNDERTAKER H. O. Suddard ADDRESS 1802 Union St.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Andrew Registration District No. 8 File No. ....  
 Township Lincoln Primary Registration District No. 3-011 Registered No. ....  
 City ..... No. .... St. .... Ward)

**2. FULL NAME** Harry Sathers

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.....  
 (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)

**PARENTS**  
 10. NAME OF FATHER  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 4-22, 1929 J. W. Holcomb REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 20 19 29

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

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

Fractured skull resulting from being struck by locomotive

CONTRIBUTORY (SECONDARY) (duration) ..... yrs. .... mos. .... ds. (date) ..... year ..... mos. .... ds.

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

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

No automobile involved

(signed)....., 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 19

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

COPIES SHALL NOT RECEIVE A FEE FOR CERTIFICATION UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

3-13713

STANDARD

OFFICE

RECORDS

SECTION

GENERAL

FILE

NO.

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