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.

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

Do not use this space.

18317

File No. 2262

Registered No.

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Kaw Primary Registration District No. 0002

City K. C. Mo (No. 4132 Wayne ave. St. Ward)

2. FULL NAME Wilber Henry Sutton.

(a) Residence. No. 4132 Wayne St., 15 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: Wh.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

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

7. AGE: abt. YEARS 45 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) Power & Light Co

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Salina
(STATE OR COUNTRY) Kans.

PARENTS

10. NAME OF FATHER Wm Henry Sutton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) N. Y.

12. MAIDEN NAME OF MOTHER Cadwallada

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

14. INFORMANT Mrs Edith Sutton.
(Address) 4132 Wayne

15. FILED 5/22 1929 M. M. Crowe
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1929, to May 20, 1929, that I last saw him alive on May 19, 1929, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis, Chronic

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133C

132B

1 2 9 A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Uremic poisoning from suppression (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ✓

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) J. M. Coleman, M. D

5/20, 1929 (Address) 3850 Brooklyn

*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: Memorial Park.

DATE OF BURIAL: May 22 1929.

20. UNDERTAKER: The Taylor Funeral Home

ADDRESS: City

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