

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.

APR 30 1930

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

Do not use this space.

*Dr Powell*  
1674-a

1. PLACE OF DEATH  
 County Johnson Registration District No. 431  
 Township Warrensburg Primary Registration District No. 3023  
 City Warrensburg. (No. ....) St. .... Ward)

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

2. FULL NAME Betty Jean Sutton.  
 (a) Residence. No. 440 Christopher. St. 3 Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 4 mos. 9 da. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 4, 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
0 4 9

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. .... none  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Warrensburg.  
 (STATE OR COUNTRY) Johnson Co, Mo.

PARENTS  
 10. NAME OF FATHER Duncan Sutton.  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kingsville.  
 (STATE OR COUNTRY) Johnson. o. Mo.  
 12. MAIDEN NAME OF MOTHER Mattie Lee Duncan  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kingsville.  
 (STATE OR COUNTRY) Johnson Co. Mo.

14. INFORMANT Duncan Sutton.  
 (Address) Warrensburg. Mo.

15. FILE NO. 1530 REGISTRAR M. R. Phillips

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 13, 1930.

17. I HEREBY CERTIFY, That I attended deceased from Jan 6 1930, to Jan 13 1930 that I last saw he alive on Jan 12 1930, and that death occurred, on the date stated above, at 3:30 A. M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho pneumonia  
relativa  
107A

(duration) yrs. .... mos. 6 ds.

CONTRIBUTORY (SECONDARY) 1000  
 (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) John Powell, M. D.  
 (Address) Warrensburg

\*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 Duncan Cemetery DATE OF BURIAL Jan. 14, 30.

20. UNDERTAKER R. Q. Phillips. Warrensburg. Mo. ADDRESS

