

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

Do not use this space.

2096

1. PLACE OF DEATH
 (a) *Nodaway* Registration District No. *628*
 (b) *Wrens* Township Primary Registration District No. *2830*
 City *Calahill* (No. *112*) St. *Ward*

2. FULL NAME *Calahill Suttle*

(a) Residence No. *St.* Ward. *(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

MEDICAL CERTIFICATE OF DEATH

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 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 6-1866*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 5 17

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Farmers*
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 23 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 22 1930* to *Jan 24 1930* that I last saw him alive on *Jan 22 1930* and that death occurred, on the date stated above, at *6-30 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS
Haemiplegia
85 D
97 (duration) *2* yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Christiana Mo*

10. NAME OF FATHER *Jerome Suttle*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

12. MAIDEN NAME OF MOTHER *Mary E. Hayton*

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID OPERATION PRECEDE DEATH? DATE OF
 Was there an AUTOPSY? *no*
 WHAT TEST CONFIRMED DIAGNOSIS? *clinical*
 (Signed) *E. E. Cramer* M. D.
 (Address) *Burlington Ia 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.

14. INFORMANT (Address) *Mr. Calahill Burlington Iowa*

15. FILED *1-25-30* *J. E. James* REGISTRAR
Feb 13-30 *C. A. Fryer* M.D.C.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Burlington Iowa* DATE OF BURIAL *1/25 1930*

20. UNDERTAKER *Price Funerals* ADDRESS *Marysville 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.

FEB 19 1930

