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. 3477

~~2906~~ ~~3164~~

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

City St Louis (No. 6th + Market St. American Hotel Annex Ward)

File No. .....

Registered No. 976

2. FULL NAME James F. Sutherlin

(a) Residence. No. American Hotel St. Annex Ward. 25
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15-1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
60	3	14	

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

PARENTS

10. NAME OF FATHER Phillip Sutherlin

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

12. MAIDEN NAME OF MOTHER Cora Willson

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

14. INFORMANT Grace Sutherlin
(Address) Roosevelt Hotel. St L, Mo

15. FILED Jan 30 1930 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1930, to Jan 29, 1930, that I last saw him alive on Jan 28, 1930, and that death occurred, on the date stated above, at 9 15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral apoplexy
82A
110B
69B
(duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (SECONDARY) Hypertension - Obesity acute Pleurisy
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) A M Frank, M. D.
1/29, 1930 (Address) 714 N Theatre Bldg

*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
Valhalla Crematory	Jan 31 1930

20. UNDERTAKER	ADDRESS
C. R. Luptons	4449 Olive St.

Jeff ~~5280~~ 9280
Mr. Theatre Bldg.
1 - 3