

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

Do not use this space.

6032
6032

File No.
Registered No.
St. Ward)

1. PLACE OF DEATH

County Polk Co. Registration District No. 713
Township Carlin Primary Registration District No. 5942
City (No.) St. Ward)

2. FULL NAME

James H. Suthermer
(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 17 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 17 1930 to Feb 17 1930 that I last saw him alive on Feb 10 1930, and that death occurred, on the date stated above, at 1:30 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6th 1860

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chorea & dysentery.
13C

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 11 11

CONTRIBUTORY (SECONDARY) 16C
(duration) yrs. mos. ds.

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

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

9. BIRTHPLACE (CITY OR TOWN) Lin. Kansas
(STATE OR COUNTRY) Lin. Kansas

19. DID AN OPERATION PRECEDE DEATH? DATE OF

10. NAME OF FATHER Lin. Kansas

20. WAS THERE AN AUTOPSY?

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

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. J. Suthermer M. D.

12. MAIDEN NAME OF MOTHER Lin. Kansas

2/17 1930 (Address) Wagonville

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

*State the DISEASE CAUSING DEATH, or deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Geo. Sanders
(Address) Wagonville

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Polk Co. C. P. Suthermer DATE OF BURIAL 2/17 1930

15. FILED 2/17 1930 C. J. Suthermer
REGISTRAR

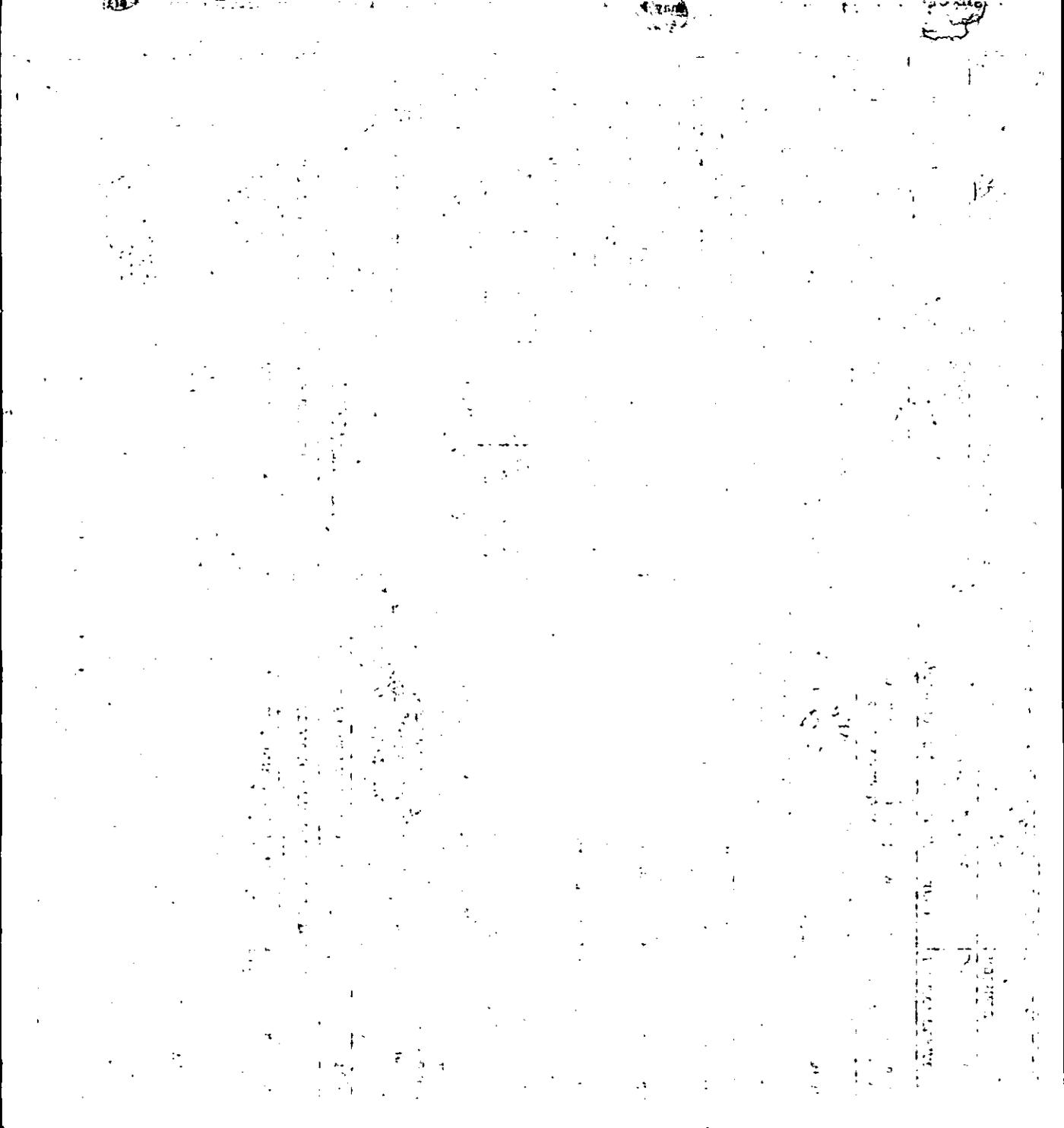
20. UNDERTAKER Amck & Co. L. S. Suthermer ADDRESS Wagonville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

85
MAR 28 1930

137
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PARENTS



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Pulaski Registration District No. 713 File No. _____
 Township Cullen Primary Registration District No. 5942 Registered No. _____
 City _____ St. _____ Ward _____

2. FULL NAME

James R Schlotzauer
 (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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/17 1930

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

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

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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

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

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 _____

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) _____, M. D.
 _____, 19____ (Address)

9. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

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) _____

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____

15. FILED 1/1/3 1930 C. T. Elliot
 REGISTRAR

20. UNDERTAKER _____ ADDRESS _____

CAUSE OF DEATH IN plain terms, so that it can be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-6032