APR 23 1930

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

Do not use this space.

7718

1. PLACE OF DEATH

County: Buchan
Township: Rush
City: ~~Near Rushville~~
Registration District No.: 84
Primary Registration District No.: 4125
File No.:
Registered No.:
(No.: , St. Ward)

2. FULL NAME Greenlup Sutton

(a) Residence. No. (Greenup) 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

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~~ Phoebe Sutton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 6- 1843

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	86	4	24	

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

9. BIRTHPLACE (CITY OR TOWN) Fleming co
(STATE OR COUNTRY) Kentuckey

PARENTS

10. NAME OF FATHER Simpson Sutton
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentuckey
12. MAIDEN NAME OF MOTHER Mary Norriss
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentuckey

14. INFORMANT Emma Hiner
(Address) Rushville Mo

15. FILED 4-1-1930 L. F. Gingery REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1930, to Mar 30, 1930 that I last saw him alive on Mar 17 1930, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prostatitis
137
132B (duration) 1 yrs. 4 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Nreamia
(duration) yrs. mos. 14 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? ✓

(Signed) S. Lawson, M. D.
Apr 1, 1930 (Address) 517½ Com. St Atchison Kans.

*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
Sugar creek cem	April 1 1930
20. UNDERTAKER	**ADDRESS**
William Stanton	Atchison Kans

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.

Lawson