

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

Do not use this space.

APR 23 1930

1. PLACE OF DEATH

County Callaway Registration District No. 104
Township Fulton Primary Registration District No. 3008
City Fulton St. _____ Ward _____

File No. 7916
Registered No. 50

2. FULL NAME

Nora Ann Suggitt

(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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u> ✓		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 3, 1930</u>		
7. AGE YEARS ✓	MONTHS ✓	DAYS ✓
If LESS than 1 day, _____ hrs. or <u>15</u> min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____ ✓ 1570

(b) General nature of industry, business, or establishment in which employed (or employer) _____ ✓ 1612

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Fulton
(STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>Ray Suggitt</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Reform</u> (STATE OR COUNTRY) <u>Missouri</u>
	12. MAIDEN NAME OF MOTHER <u>Nora Wilkinson</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>McCredie</u> (STATE OR COUNTRY) <u>Missouri</u>

14. INFORMANT Mrs M. B. Wallace
(Address) _____

15. FILED Mar 23 1930 D. N. Creever
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar-9 1930

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

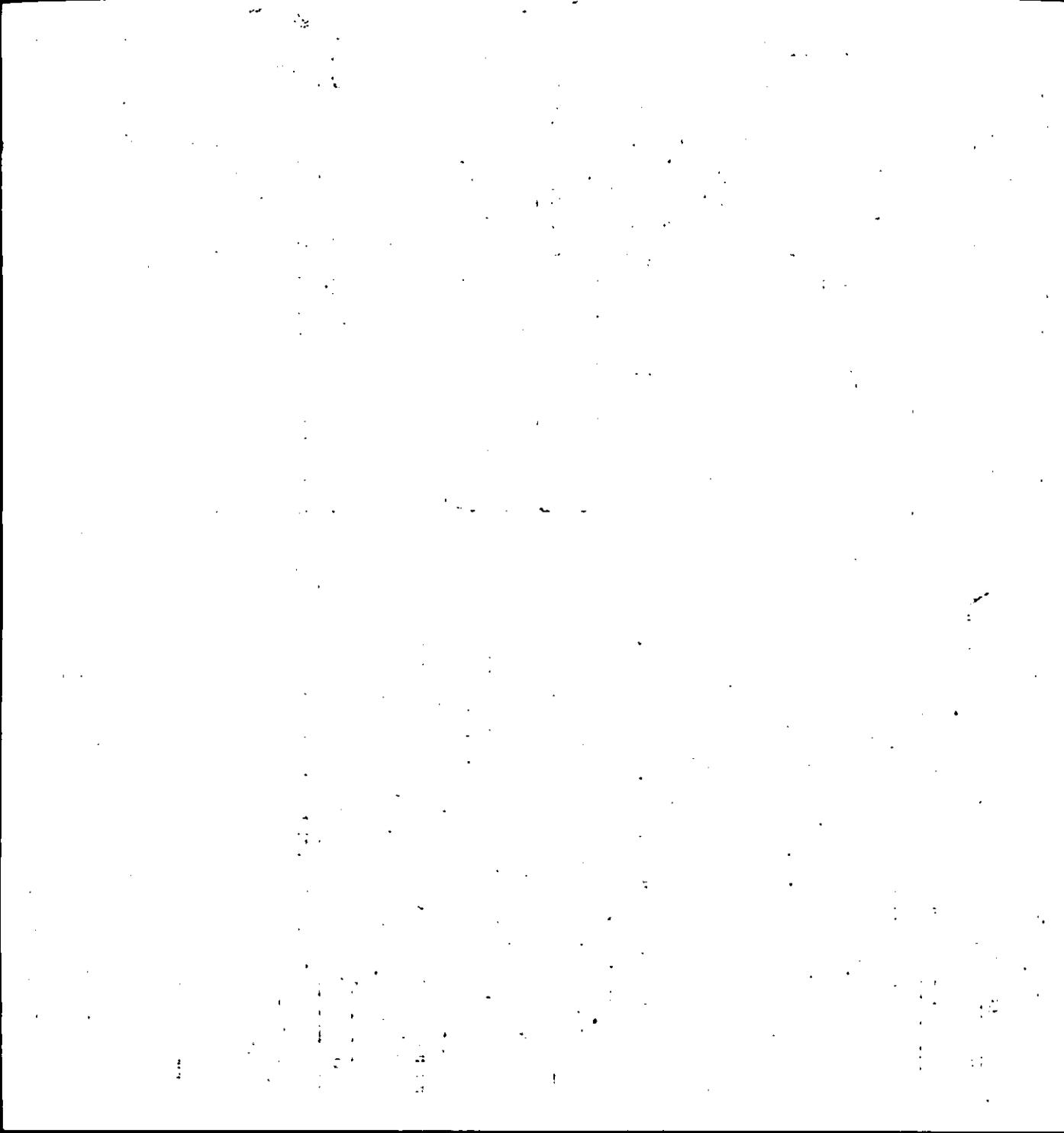
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Stillborn, Cord did not pulsate, & lungs were full of clear fluid, there was several times usual amt of amniotic fluid, (duration) _____ yrs. _____ mos. _____ ds. CONTRIBUTORY premature rupture of amniotic (SECONDARY) sac. two days. (duration) _____ yrs. _____ mos. _____ 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? P.F.
(Signed) James D. McCall, M. D.
. 19 (Address) Fulton 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL McCredie Cemetery DATE OF BURIAL Mar 4 1930
20. UNDERTAKER Geo Wallace ADDRESS Fulton Mo



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ALL INFORMATION REQUESTED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Callaway Registration District No. 104 File No. 7916
 Township Newton Primary Registration District No. 3005 Registered No. 50
 City Newton (No.) St. Ward)

2. FULL NAME Nora Ann Suggitt
 (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

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

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

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

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

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

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)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 3 1930

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
do not know
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 205B
 (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 Dominal
 (Signed) J. M. C. Call, M. D.
 , 19 (Address)

*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.

SUPPLEMENTARY

14. INFORMANT (Address)

15. July 5 1930 R. M. C. Call REGISTRAR

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

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

916 L-5