

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

Do not use this space.

19064

1. PLACE OF DEATH

County DeKalb Registration District No. 289
Township Cotton Hill Primary Registration District No. 5407
City (No.) St. Ward

File No.
Registered No. 23
St. Ward

2. FULL NAME Laura Catherine Sutt

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. W. Sutt
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 5-1879
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 8 10

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) Stage work and farm labor
(c) Name of employer Alvin McWhorter

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Commerce Mo.

10. NAME OF FATHER Jas. Vincent
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

14. INFORMANT H. E. Sutt (Address) Malden Mo.

15. FILED 6/15 1930 S.E. Mitchel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 1930
17. I HEREBY CERTIFY, That I attended deceased from June 14th, 1930, to June 15, 1930 that I last saw her alive on June 15, 1930 and that death occurred, on the date stated above, at abt 5 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Lobar Pneumonia

108
CONTRIBUTOR (SECONDARY) 10/0
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. no
DID AN OPERATION PRECEDE DEATH. no DATE OF no
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS clinical symptoms
(Signed) S.E. Mitchel, M. D.
6/16, 1930 (Address) Malden 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 Bernice Mo. DATE OF BURIAL 6-16 1930

20. UNDERTAKER W. L. Craig ADDRESS Malden Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. X02 amount be stated EXACTLY. Exact statement of OCCUPATION is very important.

