

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

Do not use this space.

19476

1. PLACE OF DEATH

County Jackson
Township How
City Kansas City (No. St. Joseph Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. 2571
Registered No. 2571
St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward. Garnett Kas
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Ma</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 19th 1903</u>		
7. AGE	YEARS	MONTHS
<u>26</u>	<u>11</u>	<u>23</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>School Teacher</u> (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) Kansas

10. NAME OF FATHER Robt. A. Suttle

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

12. MAIDEN NAME OF MOTHER Emma Taylor

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

14. INFORMANT Howard L. Suttle
(Address) 1400 S. 29th St. KCR

15. FILED 6/13, 19 30 M. M. Browne
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-12 1930

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1930, to June 12, 1930, that I last saw him alive on June 12, 1930, and that death occurred, on the date stated above, at 1145 13 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary embolism
12 20 111A
(duration) _____ yrs. _____ mos. _____ ds.

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

18. WHERE WAS DISEASE CONTRACTED Hernia
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? yes DATE OF 6-3-30
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Pathologist
(Signed) C. A. W. Krueger M. D.
6/13, 19 30 (Address) 1424 Professional 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 Garnett Kas DATE OF BURIAL 6/13 1930

20. UNDERTAKER W F Mayberry ADDRESS Kansas City, Mo

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.

