NOV 21 1930

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 32116

Township — Primary Registration District No. 1001 — Registered No. 1091

City St. Joseph, Mo. (No. Missouri Methodist Hos. St. Ward)

2. FULL NAME William A. Sutton

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 5, 1930

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
0	5	26	

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) St. Joseph, (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Jesse Sutton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Farago, (STATE OR COUNTRY) Nebraska
12. MAIDEN NAME OF MOTHER Matilda Nash
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Farago, (STATE OR COUNTRY) Nebraska

14. INFORMANT Jesse Sutton (Address) St. Joseph, Missouri

15. FILED OCT 2 1930, 19 John G. Wh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) October 1, 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1930, to Sept 30, 1930 that I last saw him alive on Sept 30, 1930, and that death occurred, on the date stated above, at 6:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastro Enteritis
1198
96 (duration) yrs. mos. 18 ds.

CONTRIBUTORY (SECONDARY) Convulsions
(duration) yrs. 6 hours 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? Laboratory
(Signed) B W Tovitrakov, M. D.
Oct 1, 1930 (Address) P & S 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: City Cem — DATE OF BURIAL: Oct. 2, 1930

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1946 Calhoun

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