

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

Do not use this space.

38508

PLACE OF DEATH

County Benton  
Township Alexander  
City (No.) \_\_\_\_\_

Registration District No. 61  
Primary Registration District No. 5098

File No. \_\_\_\_\_  
Registered No. 218  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Charles A. Suiter

(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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 22 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
62 8 29

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(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) Mo

10. NAME OF FATHER Andy Suiter

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

12. MAIDEN NAME OF MOTHER Meda Crabtree

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

14. INFORMANT Sarah E. Suiter  
(Address) Fairfield Mo

15. FILED 12/22/30 Geo A Logan  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1930

17. I HEREBY CERTIFY, That I attended deceased from April 23 1917 to Dec 21 1930  
(that I last saw him alive on Dec 19 1930 and that death occurred, on the date stated above, at 2:40 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Interstitial Nephritis  
(duration) 10 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY) 1290  
(duration) \_\_\_\_\_ yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

19. WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) James N. Logan M. D.  
12/21 1930 (Address) Warrens 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 DATE OF BURIAL  
L. P. Union Cemetery Dec 22 1930

20. UNDERTAKER ADDRESS  
E. M. White Warrens 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.

JAN 19 1931

