

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

Do not use this space.

2666

**1. PLACE OF DEATH**

County St. Francois Registration District No. 773  
 Township St. Francois Primary Registration District No. 6018A  
 City Mar. Farmington (No. 4) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Wm. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4-1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
83 1 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Last done farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 159

13. NAME ? Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Ireland

15. MAIDEN NAME ? Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Hosp. records

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch Cem. DATE Jan 27 1931

19. UNDERTAKER (ADDRESS) Louis W. Bopp  
Kirkwood, Mo.

20. FILED Jan 25 1931 T. J. Robinson  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1931, to Jan 25, 1931.  
 I last saw him alive on Jan 25, 1931. Death is said to have occurred on the date stated above, at 1 P.M.  
 The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia  
1871A  
1-14-31  
 Date of onset 1-14-31

Other contributory causes of importance:  
Simple Psychosis  
2/10/70  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) P. S. Teter, M. D.  
 (Address) Hosp. # 4 Farmington Mo.

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.

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FR 21 1931

