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.

JUN 24 1931

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

Do not use this space.

17189

1. PLACE OF DEATH

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

Township — Primary Registration District No. 1001 — Registered No. 534

City St. Joseph. (No. Hotel Robidoux. St. Ward)

2. FULL NAME Emil J. Sutter.

(a) Residence, No. St., Ward. Salisbury Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 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 Anna Sutter.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1869

7. AGE — YEARS 62 — MONTHS 0 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller. 64

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

10. Date deceased last worked at this occupation (month and year) Unknown.

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salisbury Missouri.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Unknown.

MOTHER

15. MAIDEN NAME Unknown.

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

17. INFORMANT (ADDRESS) B.W. Brueggner. Salisbury Missouri.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Salisbury Mo. DATE May 19, 1931

19. UNDERTAKER (ADDRESS) H.O. Sidenfaden 1802 Union Str. St. Joseph Mo.

20. FILED MAY 18 1931 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from viewed on ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Angina pectoris — Date of onset

94A

94A

Other contributory causes of importance: None

Name of operation None Date of 5

What test confirmed diagnosis? History Was there an autopsy? No

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? No

If so, specify

(Signed) B. W. Tadlock Coroner, M. D.

(Address) 821 Francis