

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

Do not use this space.

1558

1. PLACE OF DEATH

52 County Boon
Township Salt River
City Locust Hill (No.) (St.) (Ward ..)

Registration District No. 446
Primary Registration District No. 5606

File No.
Registered No.

2. FULL NAME

James Suggins

(a) Residence. No. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 2 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Leach

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-15-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 7 2

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) Locust Hill
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER James Suggins

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

12. MAIDEN NAME OF MOTHER Rhoda Hall

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

14. INFORMANT Elmer Suggins
(Address) Locust Hill

15. FILED 1/30, 1932. Mrs. C. C. Gibson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1932, to Jan. 17, 1932 that I last saw him alive on Jan 13, 1932, and that death occurred, on the date stated above, at ..

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia.
108
930

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 108
IF NOT AT PLACE OF DEATH? ..

DID AN OPERATION PRECEDE DEATH? .. DATE OF ..
WAS THERE AN AUTOPSY? (1)

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. A. Buckley, M. D.
1/19, 1932 (Address) La Plata 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 Locust Hill Cemetery DATE OF BURIAL 1/19 1932

20. UNDERTAKER Mrs. J. W. Hudson & Son ADDRESS Edina 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. FILED 24 1934

