

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

Do not use this space.

8490

1. PLACE OF DEATH

County Jackson Registration District No. 333 File No. 1071
Township Full Primary Registration District No. 107 Registered No.
City Kansas City (No. Hyde Park Hotel) St. _____ Ward _____

2. FULL NAME

Agnes Black Sutton
(a) Residence, No. Hyde Park Hotel 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 Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow (with the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 - 1848

7. AGE YEARS 83 MONTHS 4 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Cannonburg Mo.

MOTHER 13. NAME John Black

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Mo.

15. MAIDEN NAME Alice (unknown)

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

17. INFORMANT William B. Sutton (ADDRESS) Wallas, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence Home 3-15 1932

19. UNDERTAKER Jackson & Son (ADDRESS) 214 E. Kansas

20. FILED 1/14 32 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 13 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/11, 196, to Mar 12, 1932.
I last saw him alive on Mar 12, 1932. Death is said to have occurred on the date stated above, at 1/6 m.
The principal cause of death and related causes of importance were as follows:

Pneumonia
Broncho-pneumonia
Sp. infection of trachea
1060
104A
107A
Other contributory causes of importance: High fever 16 days
4 days

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? _____
If so, specify _____

(Signed) Lawrence D. DeLue, M. D.
(Address) 1132 Anderson Ave. Belton

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.

V. NO. 2.

