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

Do not use this space.
36637
58

1. PLACE OF DEATH
79 County Perry
Registration District No. 660
File No.
Township Cinque Hommes
Primary Registration District No. 4396
Registered No.
City Perryville Mo (No. St. Ward)

2. FULL NAME Frederick Sutter

(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.

JAN 9 1933

PERSONAL AND STATISTICAL PARTICULARS		
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amelia Sutter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-11-1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	0	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany 10
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Farmer Sutter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Barbara Pfeiffer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Leonard Sutter
(Address) Perryville Mo

15. FILED 11/4 1932 Geo. J. Becker REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-2-32 19

17. I HEREBY CERTIFY, That I attended deceased from May 16 1932, to Nov 2 1932, that I last saw him alive on Oct 29-32 19, and that death occurred, on the date stated above, at 9 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia 46 B

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Stomach

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr. L. L. Fritz, M. D
11-3, 1932 (Address) Perryville 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
St Boniface Cem	Nov 4 1932
20. UNDERTAKER	ADDRESS
Gallus & Young Perryville 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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD