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.

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

Do not use this space.

40696

1. PLACE OF DEATH
67 County Mississippi — Registration District No. 566 — File No.
3 Township Charleston — Primary Registration District No. 3030 — Registered No. 115
4 City Charleston (No. ..... St. ..... Ward)

2. FULL NAME Fannie E. Sutherland
(a) Residence. No. Charleston Mo St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Reid Sutherland
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Near 1864
7. AGE: Near — YEARS: 68 — MONTHS: — DAYS: — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....
9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)
14. INFORMANT: R. J. Sutherland
(Address): Charleston Mo.
15. Dec 12th 1932 Frank S Vernon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 — 10:30 A.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12/12 1932
17. I HEREBY CERTIFY, That I attended deceased from 12/11, 1932, to 12/12, 1932 that I last saw her alive on 12/11, 1932, and that death occurred, on the date stated above, at 10:30 A.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia + Heart failure
107th
167 (duration) 10 yrs. 10 mos. 16 ds.
CONTRIBUTORY (SECONDARY): Senility
several (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Cl. Symptoms
(Signed) E. Chas. Rolwing, M. D.
, 19 (Address) Charleston 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: Oak Grove Cemetery — DATE OF BURIAL: 12/13 1932
20. UNDERTAKER: Fair Und. Co. F. D. Lair Jr. — ADDRESS: Charleston Mo.

1932
68.
1864