

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

Do not use this space.

9835

1. PLACE OF DEATH

County Jackson Registration District No. 390 File No. _____
 Township Jew Primary Registration District No. _____ Registered No. 1030
 City Highway No. 4809 E 18 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4809 E 18th St St. _____ Ward _____
 (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 <u>Fe</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>C. F. Sutherland</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mch 18 1868</u>		
7. AGE	YEARS	MONTHS
	<u>65</u>	
		DAYS
		<u>7</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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) <u>Jewett</u>		
FATHER	13. NAME <u>A. A. Walker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jewett</u>	
MOTHER	15. MAIDEN NAME <u>Margaret McKim</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>	
17. INFORMANT (ADDRESS) <u>C. F. Sutherland</u> <u>4809 East 18th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Paris Tex</u> DATE <u>3-27-33</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. C. L. Foster</u> <u>418 Broadway Ave</u>		
20. FILED <u>Mch 27 1933</u> <u>M. M. Crowl</u> <u>Asst Registrar</u>		

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 25 1933, to Mar 25 1933.
 I last saw her alive on Mar 25 1933. Death is said to have occurred on the date stated above, at 8:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia Date of onset 3-21-33
Cerebral Anoxia
 Other contributory causes of importance:
None
 Name of operation none 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? no 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) M. M. Crowl, M. D.
 (Address) 1529 1/2 St.

N. B.—Every item of information should be carefully supplied. No space should be wasted. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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Be 2865