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.

APR 24 1933

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

Do not use this space.

10381

1. PLACE OF DEATH
County Moniteau — Registration District No. 571 — File No.
Township Walker — Primary Registration District No. 4335 — Registered No. 18
City California (No. , St. Ward)

2. FULL NAME Mike B. Suggs

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
76	11	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 1920
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co Mo

FATHER
13. NAME James Suggs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Elizabeth Hill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) B E Bybee California Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lotton DATE Mar 3 1933

19. UNDERTAKER (ADDRESS) J W Wilson & Son California Mo

20. FILED Mar 3, 1933 J. W. Roth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2-, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw him alive on Feb 28, 1933 Death is said to have occurred on the date stated above, at 5:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis	
Bronchial Catarrh	

Other contributory causes of importance: 1063

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) L. M. Gray, M. D.
(Address)