

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

Do not use this space.

10573

1. PLACE OF DEATH

County Perry
Township Paris Twp.
City Paris (No.)

Registration District No. 1128
Primary Registration District No. 5879a

File No.
Registered No. 56
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE-MARRIED, WIDOWED; OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank X Sutter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 1 1882</u>		
7. AGE <u>51</u>	YEARS <u>1</u>	MONTHS <u>21</u>
		DAYS <u>21</u>
		IF LESS than 1 day, ... hrs. or min.

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

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

13. NAME Frank X Sutter

14. BIRTHPLACE (CITY OR TOWN) Perry Co
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Victoria Regelskogen

16. BIRTHPLACE (CITY OR TOWN) Perry Co
(STATE OR COUNTRY) Mo.

17. INFORMANT Doc Sutter
(ADDRESS) Paris Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Boniface Co DATE 3-24 1933

19. UNDERTAKER Young & Coles
(ADDRESS) Perry Co Mo.

20. FILED 4-8-1933 Oliver F. Seemann
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22 1933

I HEREBY CERTIFY That I attended deceased from
Mar 7 1933 1933 to Mar 22 1933
I last saw him alive on Mar 19 1933. Death is said
to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

Edema of lungs
834
1110
820
Other contributory causes of importance:
Central Hemorrhage
Jan 25
1933

Name of operation clinical Date of no
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 Heart & Bailey
(Signed) Curryville Mo, M. D.
(Address) Curryville Mo

