

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.

JUN 22 1933

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

Do not use this space.

1. PLACE OF DEATH
 45 County Howard Registration District No. 379
 4 Township Chariton Primary Registration District No. 4223
 2 City Chariton (No. _____) St. _____ Ward _____

2. FULL NAME Mary Elizabeth Suttner
 (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)

File No. 16385

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-11-1876

7. AGE YEARS 57 MONTHS 1 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Chariton County

13. NAME Frank Kneumer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Cristina Smith
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT John Suttner
 (ADDRESS) 1111 Glasgow St. Washington, Missouri

18. BURIAL, CREMATION, OR REMOVAL Washington Cemetery
 PLACE Glasgow, Mo DATE 5/10 1933

19. UNDERTAKER Jones & Ellen
 (ADDRESS) Glasgow, Mo

20. FILED 6/5 1933 Pansy Rennie
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/8 1933

22. I HEREBY CERTIFY, That I attended deceased from 5 _____, 1933, to 8 _____, 1933
 I last saw him alive on 5-7, 1933. Death is said to have occurred on the date stated above, at 330
 The principal cause of death and related causes of importance were as follows:
Pneumonia
107A/107A
 Other contributory causes of importance:
High blood pressure

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) M. E. Suttner, M. D.
 (Address) Glasgow, Mo

OCCUPATION
FATHER
MOTHER

20350

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