

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

Do not use this space.

26386

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township _____ Primary Registration District No. 1002
City Kansas City (No. General Hospital) _____

File No. _____
Registered No. 2287
St. 3rd (Ward)

2. FULL NAME

Edward J. Suter
(a) Residence, No. 1511-Clarrington Ave St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 - 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
24 10 19

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year) July 1 - 1931 (Total time (years) spent in this occupation) _____

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Edward Garner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho

15. MAIDEN NAME Mary Agency

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho

17. INFORMANT Mary Suter (ADDRESS) 1511-Clarrington Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Aug 18 1933

19. UNDERTAKER Smith General Home (ADDRESS) 6606-Independence Ave

20. FILED 17 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) 8/15/33 1933

22. I HEREBY CERTIFY That I attended deceased from _____, 19____
Deputy Coroner

I last saw him _____ alive on _____ 19____ Death is said to have occurred on the date stated above at _____ m.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis Date of onset _____

Rupture of spleen kidney

Idiopathic

Other contributory causes of importance _____

no

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy yes

23. If death was due to external causes (suicide), fill in also the following: Accident, suicide, or homicide _____ Date of injury 8/15/33

Where did injury occur 1511-Clarrington Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury stroke by motor car

Nature of injury fracture

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) [Signature] (Address) [Address]

WHITE PAPER, 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.

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DEPCOR

