JA 26 1934

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

85

Do not use this space.

39179

1. PLACE OF DEATH
County Buchanan — Registration District No. ..... File No. .....
Township Washington — Primary Registration District No. 1001 — Registered No. 1203
City St Joseph (No. 601 South 10th St. ..... Ward)

2. FULL NAME Infant Sutton

(a) Residence, No. 601 So 10th St., ... Ward.
(Usual place of abode) (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: 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) Dec. 6 1933

7. AGE Years	Months	Days	If LESS than 1 day, 5 hrs. or ..... min.
0	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) St Joseph
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Leon Sutton
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Vera Shewmaker
16. BIRTHPLACE (CITY OR TOWN) Colville
(STATE OR COUNTRY) Washington

17. INFORMANT Mrs Bertha Hafer
(ADDRESS) 601 So. 10th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland cemetery DATE Dec 7, 1933

19. UNDERTAKER E. R. Sydenstricker
(ADDRESS) 602 So 10th St

20. FILED 12-7-1933 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1933, to 12-6-, 1933
I last saw him alive on 12-6, 1933. Death is said to have occurred on the date stated above, at 10:04 a.m.
The principal cause of death and related causes of importance were as follows:

Premature birth — Date of onset
159

Other contributory causes of importance:

Name of operation — Date of — No
What test confirmed diagnosis? — 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? No
If so, specify
(Signed) V. H. Sufrenstein, M. D.
(Address) 328 Kelsey Patrick Bld. St Joseph Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD