

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

Do not use this space.

4389

MAR 24 1934

1. PLACE OF DEATH

County Cooper
Township
City (No.)

Registration District No. 221
Primary Registration District No. 53021

Dr. Morley
File No.
Registered No. St. Ward

2. FULL NAME Robert Sherman Suter

(a) Residence, No. Clifton City Mo. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 8 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20, 1867

7. AGE YEARS 64 MONTHS 4 DAYS 26 If LESS than 1 day, hrs. or min.

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) 2/1/34 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri

13. NAME John Suter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME

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

17. INFORMANT Mrs. Mollie Bennett (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Grass Hill DATE 2/24 1934

19. UNDERTAKER Mrs. Laughlin Bros (ADDRESS)

20. FILED 3/12 1934 Edith Hoyle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1934 to Feb 16 1934
I last saw ~~him~~ alive on Feb 14 1934 Death is said to have occurred on the date stated above, at 12:25 AM
The principal cause of death and related causes of importance were as follows:

Behemial fungus
probably acute dilatation of heart
Date of onset Feb 16

Other contributory causes of importance:

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) Frank R. Morley M. D.
(Address) Sedalia 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.

Dr. Foye
Cottonwood

1910

1910

Cooper

WASHINGTON

4389

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Robert Sherman Teeter
Who died at _____ on Feb 16 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex m Color or race w Single, married, widowed or divorced: m

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 11 Year 1934

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: acute dilatation of heart

caused by aortic aneurysm

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar [Signature] Date filed 1/2 34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 221

Primary Reg. Dist. No. 2202B

Dr. E. T. McLaughlin
Special Agent. J. B.

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