R 25 1934

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

Do not use this space.

8420

1. PLACE OF DEATH
County Dent
Township
City Salem Mo (No. ..... St. ..... Ward)

Registration District No. 266
Primary Registration District No. 5370

File No. [illegible]
Registered No. 24

2. FULL NAME John D. Sutton
(a) Residence, No. ..... 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby. 12-1932
7. AGE YEARS MONTHS 1 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY) Salem Mo

FATHER
13. NAME H. H. Sutton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark, Mo.

MOTHER
15. MAIDEN NAME Docia M. Hevly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winona Mo

17. INFORMANT (ADDRESS) Mrs. Docia M. Sutton Salem, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedar Grove DATE 3/19 1934

19. UNDERTAKER (ADDRESS) Carl K. Spencer Salem, Mo.

20. FILED 3/18 1934 W. E. Rudd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch. 18th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch. 17th, 1934, to Mch. 18th, 1934
I last saw h. m. alive on 3/18, 1934. Death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

Nephritis, Acute — Date of onset 3/15/34

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Other contributory causes of importance:
Severe Cold and Inanition

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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) W. E. Rudd, M. D.
(Address) Salem 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.