25 1934

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.

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

Do not use this space.

1. PLACE OF DEATH

51 County Johnson — Registration District No. 431 — File No. 9447

6 Township — Primary Registration District No. 3023 — Registered No.

City Warrensburg (No. ..... St. ..... Ward)

7 2. FULL NAME Eloise Suhrie

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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) Aug-30-1909

7. AGE: 15 — YEARS 24 — MONTHS 6 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Atlanta Ga

FATHER

13. NAME Ambrose L. Suhrie Jr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Baltimore Pa

MOTHER

15. MAIDEN NAME Rosa Ritchie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Marys Pa

17. INFORMANT (ADDRESS) Miss Louise Martin Warrensburg, Mo.

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE Newark, N.J. DATE Mar. 7 1934

19. UNDERTAKER (ADDRESS) Sweeney Phillips Warrensburg, Mo.

20. FILED Mar 6 1934 Eva Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Viewed body after death 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7.30 P.M.

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

Pistol Shot wound in head Self inflicted

Date of onset

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Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquest Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 3-5, 1934
Where did injury occur? at her room (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home
Manner of injury Shot with pistol
Nature of injury Shot in forehead

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Wm R Patterson Coroner Johnson Co, M.D.
(Address) Warrensburg Mo