

WRITE PLAINLY, 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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500

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

Do not use this space.

MAY 25 1934

12558
162

1. PLACE OF DEATH *Greene*
 County *Greene* Registration District No. *318*
 Township *Springfield* Primary Registration District No. *2001*
 City *Springfield* *907 College* St. _____ Ward _____
 Registered No. _____
 2. FULL NAME *Wm C Sudduth*
 (a) Residence, No. *907 College* 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) *married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Amanda Sudduth*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 25-1846*
 7. AGE YEARS *87* MONTHS *3* DAYS *21* If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Farmer*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Farm*
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 16 1934*
 22. I HEREBY CERTIFY, That I attended deceased from *April 5* 19*34* to *April 14* 19*34*
 I last saw him alive on *April 14* 19*34* Death is said to have occurred on the date stated above, at *11 am*.

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

Cerebral Hemorrhage
Senility

Date of onset _____
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*
 13. NAME *John Sudduth*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*
 15. MAIDEN NAME *Barthenia Sadler*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*
 17. INFORMANT (ADDRESS) *Amanda Sudduth Springfield Mo.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Green Lawn Cemetery* DATE *April 18 1934*
 19. UNDERTAKER (ADDRESS) *Wm Suggs & Co Springfield Mo.*
 20. FILED *4-19* 193*4* *John Sudduth Registrar*

Name of operation _____ Date of _____
 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) *E Lloyd G. Gurnaghan M. D.*
 (Address) *214 No Jefferson*

