MAY 25 1934

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

Do not use this space.

13798

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 143
Township — Primary Registration District No. 3032 — Registered No. 668
City Sedalia (No. 303 E Jefferson St. Ward)

2. FULL NAME Robert Sutherlin
(a) Residence, No. 305 E. Jefferson 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 M
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada Sutherlin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 48 MONTHS 8 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. x
10. Date deceased last worked at this occupation (month and year) x
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Petris Co. Mo

FATHER
13. NAME William Sutherlin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo

MOTHER
15. MAIDEN NAME Ella Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg Mo

17. INFORMANT (ADDRESS) Ella Sutherlin Sedalia Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia Mo DATE April 23 1934
19. UNDERTAKER (ADDRESS) F. D. Ferguson Sedalia Mo
20. FILED 4-23- 1934 Jean Slack Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21- 1934
22. I HEREBY CERTIFY, That I attended deceased from 4-18- 1934, to 4-21- 1934
I last saw h alive on 4-21- 1934. Death is said to have occurred on the date stated above, at 1:14 a.m.
The principal cause of death and related causes of importance were as follows:

34
131
Acute Hemiplegia (Luetic)

Date of onset

Other contributory causes of importance:
Chronic Interstitial Nephritis

Name of operation Date of
What test confirmed diagnosis? Clinical 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) A. R. Maddox, M. D.
(Address) 116 S. Main

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 143
Township — Primary Registration District No. 3032 — Registered No.
City Sedalia (No. ..... St. ..... Ward)

2. FULL NAME Robert Sutherlen

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6-1888

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

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

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

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED ..... 19 ..... Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19, to ..... 19.
I last saw h..... alive on ..... 19. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

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) ..... M. D.
(Address) .....

SUPPLEMENTARY

S-13798