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

OCT 24 1934

Do not use this space.

File No. 33974

Registered No. 82

1. PLACE OF DEATH

County St. Louis — Registration District No. 788

Township — — Primary Registration District No. 4471

City Webster Groves (No. 318 S. Forest St. Ward)

2. FULL NAME Artemus D. Sutton

(a) Residence, No. 318 S Forest St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 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): widower

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~: Harrett E. Sutton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 20 1843

7. AGE: Years 90 | Months 8 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): 1908

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Amelia Ohio

FATHER

13. NAME: William Davidson Sutton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clermont Co. Ohio

MOTHER

15. MAIDEN NAME: Kezia Avey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clermont Co. Ohio

17. INFORMANT: W H Sutton
(ADDRESS) 318 S Forest ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cincinnati Ohio DATE Sept 10 1934

19. UNDERTAKER: Parker Funeral Co
(ADDRESS) Webster Groves Mo

20. FILED 9-10-1934 Jules R. York Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1934, to September 8, 1934

I last saw him alive on Sept 8, 1934. Death is said to have occurred on the date stated above, at 7:10 p.m.

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

	Date of onset
Myocardial degeneracy	3 yrs
7.5C	
1.2	

Other contributory causes of importance:

Senility

Name of operation: No 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?

If so, specify

(Signed) Arthur H. Westrich, M. D.

(Address) 2046 Big Bend
Webster Groves, Mo

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.

100M-11-24-33