

NOV 9 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County Monroe  
Township Mason  
City (No. ....) .....

Registration District No. 579  
Primary Registration District No. 5776 B

File No. 40099  
Registered No. ....  
St. .... Ward)

## 2. FULL NAME

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Goodnight Sudoew</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2/26/1865</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>8</u>	DAYS <u>8</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	
	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) <u>Monroe Co. Mo</u>		
FATHER	13. NAME <u>Jacob A. Sudoew</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sales Co. Va.</u>	
MOTHER	15. MAIDEN NAME <u>Pender Sudoew</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT (ADDRESS) <u>Newton Sudoew Mason Mo. R.R.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Holiday Cemetery</u> DATE <u>Nov 5 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Freda Thompson Mason Mo.</u>		
20. FILED <u>11/5</u> 19 <u>34</u> <u>W. W. Coibant</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 30<sup>th</sup> 19... to Nov 4<sup>th</sup> 1934  
I last saw him alive on Nov 4<sup>th</sup> 1934. Death is said to have occurred on the date stated above, at 5:30 a. m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Stomach Date of onset  
46 B  
46  
Other contributory causes of importance:  
46

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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.

24. Was disease or injury in any way related to occupation of deceased? .....

Name of operation None Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

Manner of injury .....  
Nature of injury .....

If so, specify Carcinoma of Stomach, M. D.  
(Signed) W. W. Coibant  
(Address) Mason 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.

RECORD

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