

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.

APR 26 1935

9319

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Frank

Primary Registration District No. 1002

City Kansas City (No. 3017)

Highland

File No. 1289

Registered No. _____

St. _____ Ward _____

2. FULL NAME Nora Ellen Sutton

(a) Residence, No. 3017 Highland St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 | 11 | 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Indiana

13. NAME Jerry M. Ahart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Hannah Koch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT W. P. Sutton
(ADDRESS) 3017 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Wash DATE _____ 19____

19. UNDERTAKER Durkewozomison
(ADDRESS) 211 C. 9th

20. FILED 3/33, 1935 M. W. Craun
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-7-35, 1935, to 2-20, 1935.

I last saw h. e. alive on 2-20, 1935. Death is said to have occurred on the date stated above, at 11:20 A.M.

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

Coronary Occlusion
Arteriosclerosis
Hypertension
Emphysema q4B

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys. Ex. 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) M. W. Chestain, M. D.

(Address) 801 1/2 W. 39th St.

80 1/2 W. 39th

2 P.M.

RECEIVED
MAY 10 1964
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

TO : SAC, NEW YORK
FROM : SAC, PHOENIX
SUBJECT: [Illegible]

[Illegible typed text]

[Illegible typed text]

[Illegible typed text]