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

APR 24 1935

Do not use this space.
10097

1. PLACE OF DEATH
County PERRY. Registration District No. 660 File No.
Township Cinchal Primary Registration District No. 5878 Registered No. 12
City (No. , St. Ward)

2. FULL NAME Florence SUTTERER.
(a) Residence, No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 - 1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	28	10	21	

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

FATHER
13. NAME DENNIS PECAUT.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PERRY Co.

MOTHER
15. MAIDEN NAME Cora J. HOFFMAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PERRY Co.

17. INFORMANT (ADDRESS) Floyd Sutterer Perryville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT HOPE CEM. DATE 19

19. UNDERTAKER (ADDRESS) YOUNG & FENWICK. MORTUARY. PERRYVILLE. Mo

20. FILED May 25, 1935 Ed. L. Brewer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20th, 1934 to Mch. 23rd, 1935
I last saw h.er alive on Mch 23rd, 1935. Death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Sepsis following Child Birth	

Other contributory causes of importance: Pneumonia, Bronchial

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) W. H. Parks M. D.
(Address) Perryville Mo