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.

AUG 19 1935

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

Do not use this space.

23715

1. PLACE OF DEATH
County Marius — Registration District No. 541 — File No.
Township Jefferson — Primary Registration District No. 5730 — Registered No.
City ~~Safe~~ (No. ... St. ... Ward)

2. FULL NAME John James Satterfield
(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. 1 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 27 1861

7. AGE: 74 YEARS — MONTHS: 2 — DAYS: 8 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Aug 6 1931
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Bird Mo

FATHER
13. NAME John Satterfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green Ky

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

17. INFORMANT (ADDRESS) P. M. Satterfield Safe Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE High Gate DATE July 7, 1935

19. UNDERTAKER (ADDRESS) S. G. Lickleder Belle Mo

20. FILED Aug 10, 1935 Leanora Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Once 19 ..., to June 28, 1935
I last saw him alive on June 28, 1935. Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

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) C H Fullright, M. D.
(Address) St James Mo