

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.

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

Do not use this space.

AUG 9 1935

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1. PLACE OF DEATH

County..... Registration District No. **1003**
 Township..... Primary Registration District No. **1003**
 City St. Louis Mo (No. 500 So. Kingshighway) St. 6311 (Ward)

2. FULL NAME

Paul Dean Sutherland
 (a) Residence, No. Flat Room, No St. N.R. Ward. Flat Room, Mo
 (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 male 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/4/35

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
19

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

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) Flat River, Mo

13. NAME James

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

15. MAIDEN NAME Blouie Underwood

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

17. INFORMANT Thel Eschhoff

18. BURIAL, CREMATION, OR REMOVAL PLACE Desmark Mo DATE July 26, 35

19. UNDERTAKER (ADDRESS) Albert H. Hoppe

20. FILED 24 1935 REGISTRAR J. F. Brebeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1935, to July 23, 1935. I last saw him alive on July 23, 1935. Death is said to have occurred on the date stated above, at 9 P. m.

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

congenital obstruction of Duodenum. Date of onset 157d

Other contributory causes of importance:

Name of operation Gastro-pylorostomy Date of 7-8-35

What test confirmed diagnosis?..... Was there an autopsy? yes

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) Arb. Veloff M. D.
 (Address) 500 So. Kingshighway

