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.

SEP 19 1935

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

Do not use this space.

26011

File No. 29

Registered No. 29

1. PLACE OF DEATH

County: Dekalb

Township: Adams

City ..... (No. ....., ... St. ..... Ward)

Registration District No. 263

Primary Registration District No. 5365

2. FULL NAME Sallie Lou Sutton

(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. ..... 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
HUSBAND OF (OR) WIFE OF Leslie Sutton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4th 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	55	3	22	

OCCUPATION

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

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) Clark Co. Ken.

FATHER

13. NAME John Reynolds

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

MOTHER

15. MAIDEN NAME Lettie Devarey

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

17. INFORMANT (ADDRESS) Leslie Sutton Weatherby Mo.

18. BURIAL, CREMATION, OR REMOVAL
Alta Vista Cem. DATE 8/28-35, 19..

19. UNDERTAKER (ADDRESS) U. G. Pilcher Maysville Mo

20. FILED Sept. 18, 1935 James Fitzgerald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1935, to 8-26, 1935

I last saw her alive on 7-22, 1935. Death is said to have occurred on the date stated above, at 1:00 A.M.

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

	Date of onset
Angina Pectoris	Jan 1935

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinically 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) H. Wright M. D.
(Address) Maysville Mo