NOV 18 1935

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

Do not use this space.

31741

1. PLACE OF DEATH
County: Andrew
Township: Nodaway
City: Savannah (No. ..... St. ..... Ward)

Registration District No. 13
Primary Registration District No. 4210

File No.
Registered No.

2. FULL NAME: Mrs. Mary Sutherland

(a) Residence, No. 301 South 6th St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov-1-1858

7. AGE: Years 76 | Months 11 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Buchanan Co Mo

FATHER
13. NAME: Griffith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown unknown

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): James Finney Savannah Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hallack Mo DATE: Oct-9-1935
Hallack

19. UNDERTAKER (ADDRESS): J. Fred Terhune Savannah Mo

20. FILED: Oct 9 1935 Mrs A R King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 7 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1935, to Oct 7 1935
I last saw h. alive on Oct 1st 1935. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Uterus	1-4-1935

Other contributory causes of importance: None

Name of operation: None 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? No
If so, specify
(Signed) P. G. Mathy, M. D.
(Address) Savannah Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33