

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

Do not use this space.

JAN 17 1936

40380

1) PLACE OF DEATH,
 County Marion Mo. Registration District No. 581
 Township North Main Primary Registration District No. 4343
 City Monroe City (No. 729, North Main St. 3 Ward)
 2) FULL NAME Susa Moss Utterback
 (a) Residence, No. 729-North Main St. 3 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 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 John D. Utterback
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10th 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 11 26
 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. Own Home
 10. Date deceased last worked at this occupation (month and year) 2 11. Total time (years) spent in this occupation 2
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Missouri
 13. NAME Cyrus Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Sally Caplinger
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT Jessie Utterback
 (ADDRESS) Monroe City Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Graveside Cemetery DATE Dec. 8th 1935
 19. UNDERTAKER Wilson & Son
 (ADDRESS) Monroe City Mo.
 20. FILED 12/9 1935 W.D. Fife Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6th 1935
 I HEREBY CERTIFY, that I attended deceased from March 8, 1933 to Dec 6, 1935
 I last saw him alive on Dec 6, 1935 Death is said to have occurred on the date stated above, at 12:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
 Date of onset 12/3/35
 Other contributory causes of importance Arteriosclerosis 1930
 Name of operation Physical Autopsy Date of 12/9/35
 What test confirmed diagnosis? Physical Autopsy Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury 1935
 Where did injury occur? No (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury No
 Nature of injury No
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify No
 (Signed) Wm. T. Hubbs, M. D.
 (Address) Monroe City 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.

MAY 23 1946