

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

Do not use this space.

9502

1. PLACE OF DEATH

County Butler
Township
City Poplar Bluff (No. Poplar Bluff Hospital)

Registration District No. 89
Primary Registration District No. 3007

File No.
Registered No. 80
St. Ward

2. FULL NAME Wade Hampton Sutherland

(a) Residence, No. Rombauer, Mo. St. Ward.

(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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 1 23

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.

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) St. Francis County Missouri

FATHER 13. NAME Richard L. Sutherland

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

MOTHER 15. MAIDEN NAME Cordelia Clay

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

17. INFORMANT Septa Sutherland (dau.)
(ADDRESS) Poplar Bluff, Mo. Gen. Del.

18. BURIAL, CREMATION OR REMOVAL PLACE Rombauer DATE March 9, 1936

19. UNDERTAKER Greer Funeral Service
(ADDRESS) Poplar Bluff, Missouri

20. FILED 3-10-36 Chatsinger
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-2, 1936 to 3-7, 1936

I last saw ~~him~~ alive on 3-6, 1936 Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Carcinoma of pancreas Date of onset

Other contributory causes of importance: W

Name of operation none Date of

What test confirmed diagnosis? biopsy 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) W. H. Handrickson, M. D.

(Address) Poplar Bluff, Mo.

