

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.

OCT 21 1936

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

Do not use this space.

25924-1

1. PLACE OF DEATH

County Clark Registration District No. 184
 Township Washington Primary Registration District No. 5271
 City near Wyaconda St. _____ Ward _____

2. FULL NAME Asbury D. Suter

(a) Residence, No. Wyaconda, Mo. St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

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 Anna Catherine Suter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 7 0

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) Kentucky

13. NAME A. T. M. Suter

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

15. MAIDEN NAME Mary Baskett

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

17. INFORMANT Henry Suter (ADDRESS) Wyaconda

18. BURIAL, CREMATION, OR REMOVAL PLACE Bear Creek DATE July 15, 1936

19. UNDERTAKER Gertrude Baskett (ADDRESS) Wyaconda Mo.

20. FILED Sept 10 1936 Rebecca Plattner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12th 1936

22. I HEREBY CERTIFY, that I attended deceased from July 5th 1936 to July 12th 1936
 I last saw him alive on July 5th 1936 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:

Myocarditis (Chronic) Date of onset 1934

Other contributory causes of importance: apoplexy 1932

Name of operation None Date of _____
 What test confirmed diagnosis? Chinoid 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 _____, 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) F. M. Johnson, M. D.
 (Address) Germe Mo

