

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

Spencer
 Do not use this space.
 29744

OCT 20 1936

1. PLACE OF DEATH
 County Adair Registration District No. 4
 Township _____ Primary Registration District No. 3001
 City Turkville (No. _____) St. _____ Ward _____

2. FULL NAME James Sutton
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

3. SEX m **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1 - 1872
7. AGE YEARS 63 MONTHS 11 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.
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) Adair Co Mo
13. NAME Thomas Sutton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
15. MAIDEN NAME Lucinda Lewis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
17. INFORMANT Billie Sutton (ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL
 PLACE farrow DATE 8/7 1936
19. UNDERTAKER Summers Bros (ADDRESS) Turkville Mo
20. FILED Sept 12, 1936 Spencer Freeman Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/15/36 1936
22. I HEREBY CERTIFY, That I attended deceased from 8-1 1936 to 8-14 1936
 I last saw him alive on 8-14 1936 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Hypertrophy & dilatation of all the chambers of heart
Chronic myocarditis
 Other contributory causes of importance: _____
 Date of onset _____
 Name of operation _____ 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? _____
 If so, specify _____
 (Signed) F. B. Farnum, M. D.
 (Address) Turkville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

