

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

Do not use this space.

1. PLACE OF DEATH

County Clark
Township Lincoln
City St. Louis (No. 190 St. 10 Ward)

Registration District No. 190
Primary Registration District No. 2264

30274

File No. 10
Registered No. 10

2. FULL NAME Sue E. Suter

(a) Residence, No. St. Ward. 10
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm H. Suter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 29 1848</u>		
7. AGE YEARS <u>88</u> MONTHS <u>3</u> DAYS <u>5</u> If LESS than 1 day, hrs. or min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
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) <u>Scotland, Pa. Missouri</u>
13. NAME <u>Edwin B. Toombs</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
15. MAIDEN NAME <u>Sarah Burke</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
17. INFORMANT (ADDRESS) <u>Hale Suter</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kabota, Tenn</u> DATE <u>Aug 6 1936</u>
19. UNDERTAKER (ADDRESS) <u>Frank J. Kell</u>
20. FILED <u>Aug 6 1936</u> <u>J. P. Bridges</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4. 1936

I HEREBY CERTIFY That I attended deceased from July 27 1936 to Aug 4 1936
I last saw him alive on Aug 4 1936 Death is said to have occurred on the date stated above, at 9:20 P.M.
The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis
Date of onset July 27
Other contributory causes of importance: Sept Exhaustion
Emphysema

Name of operation None Date of Aug 4
What test confirmed diagnosis? Chemical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury Aug 4 1936
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) J. P. Bridges M.D.
(Address) Kabota, Tenn

