

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

Do not use this space.

OCT 23 1936

1. PLACE OF DEATH

County MONROE
Township MAYION
City (No.) (St.) (Ward)

Registration District No. 578
Primary Registration District No. 4340

File No. 35034

Registered No.

2. FULL NAME

DAYID SUDSBERRY

(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

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Judith Ann Sudsberry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY, 30, 1856

7. AGE YEARS 80 MONTHS 5 DAYS 4 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) Dec. 1, 1935 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buckingham Co., VA.

13. NAME N. K. Sudsberry

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

15. MAIDEN NAME Mrs. Mary Roundtree

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. K.

17. INFORMANT Edna Sudsberry (ADDRESS) Holliday, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holliday, Mo. DATE Sept 6, 1936

19. UNDERTAKER Spaul & Black (ADDRESS) Paris, Missouri

20. FILED SEP 4 1936 Jogan Enser Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to Sept 4, 1936 last saw him alive on Sept 3, 1936 Death is said to have occurred on the date stated above, at 9:00 A.M.

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

Chronic Myocarditis Date of onset Sept 1935

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis clinical Was there an autopsy? No

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? No

If so, specify M.C. McMurry (Signed) Paris, Missouri M. D. (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

0