

OCT 23 1936

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

Do not use this space.

35104

## 1. PLACE OF DEATH

County Newton  
Township Marion  
City Newton

Registration District No. 615-711  
Primary Registration District No. 5817  
(No. Diamond, Mo.)

File No. ....

Registered No. 18

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. Garden Grove, Joplin, Mo. Ward. Garden Grove, Joplin, Mo.  
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. 4 mos. 11 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lillian Sutton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 24, 1906</u>		
7. AGE	YEARS <u>30</u>	MONTHS <u>4</u>
	DAYS <u>11</u>	If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Contractor</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>
	10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/> 11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Missouri13. NAME Ed Sutton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Mo.15. MAIDEN NAME Florence Field16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Mo.17. INFORMANT (ADDRESS) Lillian Sutton

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lawyer's DATE Sept 14, 193619. UNDERTAKER (ADDRESS) Lanier Mortuary, 1502 W. Joplin St., Joplin, Mo.20. FILED 9-15-36 U. S. Chapman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 193622. I HEREBY CERTIFY, That I attended deceased from 9-12, 1936 to 9-12, 1936I last saw him dead 9-12, 1936 Death is said to have occurred on the date stated above, at 11 A. m.

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

Crushed Chest Caused by falling from roof of house Date of onset

Other contributory causes of importance:

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 Accident Date of injury 9-11, 1936Where did injury occur? Near Diamond, Mo. (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 Crushed Chest

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Wishley Digby Cooper (Signed)(Address) Neesho, Mo.

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.

