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.

MAR 25 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. Clair — Registration District No. 166 — File No. 47814

Township Roscoe — Primary Registration District No. 7461 — Registered No.

City ..... (No. ....., 6011 St. ..... Ward)

2. FULL NAME Unnamed Suggs

(a) Residence, No. ..... St., ... Ward ..... (If nonresident, give city or town and State)
(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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1936

7. AGE

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Roscoe Missouri

FATHER

13. NAME Chester James Suggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roscoe Missouri

MOTHER

15. MAIDEN NAME Florence Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beulah Crawford Co. Kansas

17. INFORMANT (ADDRESS) Chester J. Suggs El Dorado Springs, Mo. R

18. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE Pleasant Springs DATE Feb. 5, 1936

19. ~~UNDERTAKER~~ Sexton (ADDRESS) G. L. Badley Roscoe, Mo. R.

20. FILED Feb 11, 1936 Mrs. F. B. Goodrich Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from At Birth, 19..., to ....., 19...

I last saw h..... alive on Still Born, 19..... 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:

	Date of onset
Still Born	
Premature Labor	

Other contributory causes of importance:

Name of operation None Date of x

What test confirmed diagnosis? Still Born 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 x, 19...

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? No

If so, specify No

(Signed) J. W. Richardson, M. D.

(Address) Tiffin Mo.