

FEB 25 1937

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

Do not use this space.

1382

1. PLACE OF DEATH

County Jackson
Township Kear
City Kansas City No. 100 W. 52 St.

Registration District No. 399
Primary Registration District No. 1002

File No. 100
Registered No. 100
St. _____ Ward _____

2. FULL NAME

Mabel Rosemond Sutherland

(a) Residence, No. 100 W. 52 St., St. _____, Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-4-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2620
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) Tennessee

13. NAME James Cochran

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

15. MAIDEN NAME Laura Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT W. T. Sutherland
(ADDRESS) 100 W. 52 St. W. C. Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest Hill DATE 1/12 1937

19. UNDERTAKERS Stine & McClure W. Co.
(ADDRESS) 3235 Wilham Plaza K.C. Mo

20. FILED Jan 11, 1937 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936, to Jan 10, 1937
I last saw him alive on Jan 10, 1937. Death is said to have occurred on the date stated above, at 2:45 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic valvular heart disease 1930
Acute articular rheumatism 1930
Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____

(Signed) Ernest W. Sutherland, M. D.

(Address) 306 North Bldg.

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.

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E. W. Williams
Reacts Releg