MAR 18 1937

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

Do not use this space.

1. PLACE OF DEATH
36 County Franklin — Registration District No. 1109 — File No. 5837
Township Boone — Primary Registration District No. 5415 C — Registered No. 3
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Minnie E Sutterfield
(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 x yrs. 3 mos. x ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Leonard Sutterfield
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-6-1897
7. AGE: 39 YEARS, 1 MONTHS, 26 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): 12-24-36
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Guely Mo Reynolds

FATHER
13. NAME: Jonas Wilkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Cindia Camden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Guely Mo

17. INFORMANT (ADDRESS): Vida Sutterfield Gerald, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE West Fork DATE 2-3, 1937
19. UNDERTAKER (ADDRESS): E J Meyer Gerald Mo
20. FILED Feb 8, 1937 W. P. Ritzgerald Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-2, 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1937, to Feb. 2, 1937
I last saw her alive on Jan 10, 1937 Death is said to have occurred on the date stated above, at 3:30 A.m.
The principal cause of death and related causes of importance were as follows:
Tuberculosis Pulmonary Unknown — Date of onset
Other contributory causes of importance: Carditis
Name of operation: none — Date of
What test confirmed diagnosis? Sputum Exp. — 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 Lined c̄ tuberculous [illegible] a while
(Signed) Charles A Schmitt, M. D.
(Address) Gerald Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state