

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

Do not use this space.

APR 23 1937

1. PLACE OF DEATH

County Perry
Township Barre Twp.
City Barre (No.) St. Ward

Registration District No. 1128
Primary Registration District No. 5879a

File No. 12930
Registered No.

2. FULL NAME Cecilia M. Sutterer

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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) Dec 9 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 56 3 4

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. House Work

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) Perry Co Mo

13. NAME Frank S. Sutterer

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

15. MAIDEN NAME Victoria Regishegan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

17. INFORMANT Geo Sutterer (ADDRESS) Kenosha mo RT 7

18. BURIAL, CREMATION, OR REMOVAL PLACE St Boniface DATE March 15 1937

19. UNDERTAKER Yelmy & Sons (ADDRESS) Parisville mo.

20. FILED Apr 9 1937 Elmer Older Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 9 1937 to Mar 13 1937

I last saw her alive on Mar 13 1937. Death is said to have occurred on the date stated above, at 7:05 P.M.

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

Haemorrhage of brain

Other contributory causes of importance: 8201

Name of operation 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?
If so, specify

(Signed) John H. Bailey M. D.
(Address) Perryville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

