

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.

AUG 11 1937

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

Do not use this space.

26289

3002

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1002
City Kansas City (No. Mercy Hospital) St. _____ Ward _____

2. FULL NAME Norma Sutton

(a) Residence, No. _____ St. _____ Ward. Norborne, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
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 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. 26, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Bragner Mo.

MOTHER 13. NAME Douglas Sutton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton County Mo.

15. MAIDEN NAME Lova (Deceased) Bell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bragner Mo.

17. INFORMANT (ADDRESS) Douglas Sutton Norborne, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cougreen DATE 7-10-37

19. UNDERTAKER (ADDRESS) Mead Funeral Home Bragner, Missouri

20. FILED July 14, 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-10-, 1937, to 7-14, 1937

I last saw h.e.r. alive on July 14, 1937. Death is said to have occurred on the date stated above, at 6:35 P. M.

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

Primary Bronchopneumonia Date of onset 5-7-37
Erythema 5-20-37
Generalized Peritonitis 7-1-37

107a

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external cause (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 None
(Signed) H. G. Puyler M. D.
(Address) Med. and Surg. Bldg. K.C., Mo.

