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.

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

REC'D DEC 1 1938

Do not use this space.

39680

File No. 10

Registered No.

1. PLACE OF DEATH

County Linn

Township ~~Jefferson~~

City Laclede (No. , St. Ward)

Registration District No. 500

Primary Registration District No. 4303

2. FULL NAME Charles Elliott Sutton

(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 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nancy E. Thomas Sutton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 23, 1857

7. AGE: Years 81 | Months 3 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Indiana

FATHER

13. NAME: Samuel Sutton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

MOTHER

15. MAIDEN NAME: Sarah Jaynes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): Mrs Myrtle S. Kinner, Laclede, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Laclede, Mo. DATE 11/6/ 1938

19. UNDERTAKER (ADDRESS): W. G. Thorne. Lc. # 2876, Laclede, Mo.

20. FILED Nov 6 1938 Geo O Plowman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5 1938

22. I HEREBY CERTIFY, That I attended deceased from October 20th, 1938, to November 5th, 1938

I last saw him alive on Nov 5, 1938. Death is said to have occurred on the date stated above, at 2:40 A.m.

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

	Date of onset
Myocardial failure	
Cerebral Hemorrhage	

Other contributory causes of importance: 820

Senility
Asthma

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) E. F. Slaughter, M. D.

(Address) Laclede, Missouri

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RECEIVED
District Health Officer No. 10
District File Number 10-38-181
Date Filed 12-14-38