

1938 JAN 6 1938

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

Do not use this space.

43195

File No. _____
Registered No. 14
St. _____ Ward _____

1. PLACE OF DEATH

County Harrison
Township Ridgeway
City _____ (No. _____)

Registration District No. 341
Primary Registration District No. 4204

2. FULL NAME

James Perry Suplett

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ira Beeks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13 1867
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 71 7 4

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) 1935 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eagleville Mo

13. NAME James Suplett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hick W. Va

15. MAIDEN NAME Deborah Ann Harrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hick W. Va

17. INFORMANT Mrs J Suplett
(ADDRESS) Ridgeway Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridgeway DATE Sept 18 38

19. UNDERTAKER Belgrave
(ADDRESS) Ridgeway Mo

20. FILED 9-18-1938 Belgrave
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 1938
22. I HEREBY CERTIFY, That I attended deceased from 9-8, 1938, to 9-17, 1938
I last saw him alive on 9-13, 1938 Death is said to have occurred on the date stated above, at 8:00 a m

The principal cause of death and related causes of importance were as follows:
Carcinoma stomach Date of onset 1927

Other contributory causes of importance: 4?

Name of operation none Date of _____
What test confirmed diagnosis? none 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 W. H. Beeks
(Signed) Belgrave, M. D.
(Address) Ridgeway Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

