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.

80
6
4

REC'D FEB 25 1939

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

Do not use this space.

3467

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 1
Township — Primary Registration District No. 3032 — Registered No. 1-8
City Sedalia (No. ..... St. ..... Ward)

2. FULL NAME Ella Sutherlin
(a) Residence, No. 305 E Jefferson St. 1 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 F
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William J. Sutherlin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE About 73 YEARS MONTHS Unknown DAYS Unknown 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. Self
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) Warrensburg Mo

FATHER
13. NAME James Waltson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kenn

MOTHER
15. MAIDEN NAME Anna Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kenn

17. INFORMANT (ADDRESS) Alonzo Sutherlin 305 E Jefferson
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia Mo DATE 1-2 1939
19. UNDERTAKER (ADDRESS) F. D. Ferguson 117 E Jefferson St
20. FILED Jan 2 1939 Miss Harry Sue Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1938, to Dec 30, 1938
I last saw her alive on Dec. 30, 1938. Death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Follower influenza)	Dec 23 1938
Other contributory causes of importance: Chronic parenchymatous nephritis	Dec 1938
Chronic myocarditis	Dec 1938

Name of operation None Date of None
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? No
If so, specify None
(Signed) Chas. [illegible], M. D.
(Address) Sedalia Mo

RECEIVED
District Health Officer No. 8

District File Number

Date Filed 2/8/39