

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

4160
 Do not use this space.

REC'D FEB 28 1939

1. PLACE OF DEATH
 (a) County Texas Registration District No. 18
 (b) Township Morris Primary Registration District No. 6139 Registered No. 2
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Kenneth Sutton
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1937

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>1</u>	<u>7</u>	<u>20</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) Bado mo.

FATHER
 13. NAME Homer S. Sutton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

MOTHER
 15. MAIDEN NAME Alta Coble
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Homer S. Sutton Bado mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bado DATE Jan 12, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gaylord V. Elliott Cabool mo.

20. FILED Jan 13, 1939 Pearl E. McCall Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1939 to Jan 11, 1939
 I last saw him alive on Jan 10, 1939 Death is said to have occurred on the date stated above, at 11 a.m.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
 Date of onset Jan 5, 1939

Other contributory causes of importance:
Possibly diphtheria contracted in Okla not seen by Physician
 Date Jan 4, 1939

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____
 (Signed) M. Edens M. D.
Cabool mo.
 777 (Address) _____

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.