

REC'D MAR 10 1939

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

Do not use this space.

1. PLACE OF DEATH

County *Stoddard*Township *Richmond*City *Stoddard*Registration District No. *839*Primary Registration District No. *6101*File No. *8021*Registered No. *4*

St. _____

Ward _____

2. FULL NAME *Ronald Lee Suddler*

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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 *White*5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *2-8-39*

7. AGE

YEARS _____

MONTHS _____

DAYS _____

If LESS than 1 day, *30* hrs. or _____ min.

OCCUPATION

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

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 _____

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Morehouse, Mo.*13. NAME *Bailey Suddler*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Carney, Mo.*

MOTHER

15. MAIDEN NAME *Helen Suddler*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kennett, Mo.*17. INFORMANT (ADDRESS) *Bailey Suddler, Morehouse, Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Taylor Cem.* DATE *2-6-39*19. UNDERTAKER (ADDRESS) *None*20. FILED *2-6-39*19 *39*20 *39*21 *39*22 *39*23 *39*24 *39*25 *39*26 *39*27 *39*28 *39*29 *39*30 *39*31 *39*32 *39*33 *39*34 *39*35 *39*36 *39*37 *39*38 *39*39 *39*40 *39*41 *39*42 *39*43 *39*44 *39*45 *39*46 *39*47 *39*48 *39*49 *39*50 *39*51 *39*52 *39*53 *39*54 *39*55 *39*56 *39*57 *39*58 *39*59 *39*60 *39*61 *39*62 *39*63 *39*64 *39*65 *39*66 *39*67 *39*68 *39*69 *39*70 *39*71 *39*72 *39*73 *39*74 *39*75 *39*76 *39*77 *39*78 *39*79 *39*Registrar. *W. H. Brandon*754 (Address) *Essy, Mo.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-5-39*22. I HEREBY CERTIFY, That I attended deceased from _____, 19*39*, to _____, 19*39*.I last saw h. _____ alive on _____, 19*39*. Death is said

to have occurred on the date stated above, at _____ m.

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

Had no Dr. Dent Brown, 2/27/39

Other contributory causes of importance: _____

Name of operation *none*

Date of _____

What test confirmed diagnosis? *Dr. no.*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*39*

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) *W. H. Brandon*

M. D.

(Address) *Essy, 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.

