

APR 19 1939

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

11253
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
(b) Township Warrensburg Primary Registration District No. 3023 Registered No. 35
(c) City Warrensburg (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

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Nannie E. Sutton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John W. Sutton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 26 - 1855</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>2</u>
	DAYS <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	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 <u>0</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson Co. Mo.</u>		
FATHER	13. NAME <u>Bolin Coats</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Lucinda Conner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs Arch. Green</u> <u>Warrensburg, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Hill</u> DATE <u>May 12 - 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Sweeney-Phillips</u> <u>Warrensburg, Mo.</u>		
20. FILED <u>Mar 11, 1939</u> <u>Eva Gentry</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1934, to March 10, 1939
I last saw h. alive on May 10, 1939 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:
Center of the thyroid gland expanded deep in muscle (eg)
of neck especially of left side of neck
Other contributory causes of importance:
she had a valvular disease of heart
expanding into heart
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? NO Date of injury _____, 1939
Where did injury occur? NO (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) John T. Anderson M. D.
391 (Address) Warrensburg, Mo.

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

MARGIN RESERVED FOR BINDING

V. S. NO. 2-35
FORM 1-1 X14028

W. B. ...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/5/34

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,

R. A. Phillips

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *R. A. Phillips*

Licensed Embalmer No. *2320*

P. O. Address *Warrensburg Mo*

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.