

NOV 20 1939

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

35492
Do not use this space.

1. PLACE OF DEATH / 85
 (a) County Buchanan Registration District No. 1001
 (b) Township Primary Registration District No. 1002 Registered No. 1002
 (c) City St. Joseph (d) Street No. St. Joseph's Hospital 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 Mary Anna Sutton
 (a) Residence, No. 205 Arizona St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emory L. Sutton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11th. 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 4 20

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Belleville / (STATE OR COUNTRY) Ill.

FATHER
 13. NAME Fry 9
 14. BIRTHPLACE (CITY OR TOWN) Unknown 9 (STATE OR COUNTRY) Unknown

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT Mr. Mike Velaff (ADDRESS) 205 Arizona St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE I.O.O.F. Cemetery DATE Oct. 4th. 19. 39

19. FUNERAL DIRECTOR (NAME) ELEEMAN & SON, INC. (ADDRESS) 1946 Calhoun St. Joseph, Mo.

20. FILED 10/9 19 39 J. H. Matthews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1st. 19 39

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1929, to Oct 1, 1939. I last saw her alive on Oct 1, 1939. Death is said to have occurred on the date stated above, at 10.25pm. The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
Arteriosclerosis
Chronic Myocarditis
Generalized arteriosclerosis
 Date of onset 9/29/39

Other contributory causes of importance:
Pericardial Fibulation
Chronic Myocarditis
Generalized Arteriosclerosis

Name of operation None Date of None
 What test confirmed diagnosis? Biopsy 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 None, 19...
 Where did injury occur? None (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 None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Mr. G. H. Matthews, M. D.
 (Address) St. Joseph Mo

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

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.

50M-9-19-38 I X-16803

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.....

C. Swan

Licensed Embalmer No. 4082

P. O. Address St. Joseph, 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.