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.

DEC 12 1939

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

Do not use this space.

1. PLACE OF DEATH

County LANN 2 Registration District No. 303 File No. 40161

Township 1 Primary Registration District No. 4306 Registered No.

City Meadville (No. St. Ward)

2. FULL NAME 350 Stree Born Sutton

(a) Residence. No. Meadville St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
R	W	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-8. 1939

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		Born	Dead	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Meadville
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Eldon Sutton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Emma Cook

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Meadville
(STATE OR COUNTRY) Mo

14. INFORMANT Eldon Sutton
(Address) Meadville Mo

15. FILED 11-8, 1939 E H Weir REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 8 1939

17. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1939, to Nov 8, 1939 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Born Dead

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E H Weir M. D.

11-8, 1939 (Address) Meadville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Home Ground	11 8 1939

20. UNDERTAKER	ADDRESS
Father	Meadville