

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

**25320**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Iron Registration District No. 391  
 (b) Township Arcadia / Primary Registration District No. 4230 Registered No. 48  
 (c) City Ironton (d) Street No. St. Mary'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** 350 Elsie Jane Sutton

(a) Residence, No. Pilot Knob Mo. 0 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 fem 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
29 2 10

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. shoe factory  
 10. Date deceased last worked at this occupation (month and year) 1940 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County Mo.

FATHER 13. NAME Louis Sutton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County Mo.

MOTHER 15. MAIDEN NAME Clara Mayberry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County Mo.

17. INFORMANT (ADDRESS) Mrs. Clara Sutton  
Pilot Knob Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Arcadia Mo. DATE July 28, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Norman White & Sons  
Ironton Mo.

20. FILED July 31, 1940 Julia A. Sutton Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from 7-13-40 19... to 7-26-40 19...  
 I last saw her alive on 7-26 19... 40 Death is said to have occurred on the date stated above, at 11:25 p.m.  
 The principal cause of death and related causes of importance were as follows:

pneumonia, lobar

Date of onset

Other contributory causes of importance:

Name of operation none 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) George Gay M. D.  
 Address.....

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.

S. S. 527-16-7768

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**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

*Arnell White*

Licensed Embalmer No.

*3012*

P. O. Address

*Spokane Falls*

**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.**