

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

FEB 18 1937

2312

1. PLACE OF DEATH

County Marion
Township Marion
City Marion (No.)

Registration District No. 579
Primary Registration District No. 5776

File No.
Registered No.
St. Ward

2. FULL NAME

Elyza Adelaide Sutton

(a) Residence, No. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>James Sutton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10/6/1858</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>3</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>bc</u>		
10. Date deceased last worked at this occupation (month and year) <u> </u>		
11. Total time (years) spent in this occupation <u> </u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co. Mo.</u>		
13. NAME <u>Embrose Helen</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Donk Kansas</u>		
15. MAIDEN NAME <u>Martine Arbory</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co.</u>		
17. INFORMANT (ADDRESS) <u>Mrs. L. S. Foraythe</u>		
18. BURIAL CREMATION OR REMOVAL PLACE <u>Spring Hill</u> DATE <u>1/29</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>Wesley Thompson</u>		
20. FILED <u>1/25</u> 19 <u>37</u> <u>W. W. Eubank</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/28 1937

22. I HEREBY CERTIFY, That I attended deceased from June 24 1935 to June 1935
I last saw her alive on June 24 1935. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Fractured hip
(set at Woodland Hosp.)
Date of onset May-35

Other contributory causes of importance:
Myocarditis
131
years

Name of operation Date of
What test confirmed diagnosis? X-ray 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) W. R. Turner, D.O.
(Address) Madison, Mo.

