

SEP 25 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

31908

1. PLACE OF DEATH

County Saline
 Township Cambridge
 City (No.)

Registration District No. 794
 Primary Registration District No. 6037A

File No.
 Registered No. 10
 St. Ward

2. FULL NAME Mrs Eliz. Suellentrop

(a) Residence, No. 703 Delaware Str. St. Ward
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Suellentrop
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1861
 7. AGE YEARS 76 MONTHS 6 DAYS 12 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13, 193722. I HEREBY CERTIFY, That I attended deceased from 9-13, 1937, to 9-13, 1937

I last saw her alive on 9-13, 1937. Death is said to have occurred on the date stated above, at 2:30 P. m.
 The principal cause of death and related causes of importance were as follows:

Acute Indigestion

Date of onset

9-13-37

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as silk mill, 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) Linn, Mo. (STATE OR COUNTRY)13. NAME James Flannagan14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)15. MAIDEN NAME Eliz. Kane16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)17. INFORMANT Mrs Wm. Bret (ADDRESS) 703 Delaware Jefferson City18. BURIAL, CREMATION, OR REMOVAL Missouri PLACE St. Peters DATE Sept. 16, 193719. UNDERTAKER Heinrichs Funerals Home (ADDRESS) Jefferson City, Mo.20. FILED Sept. 14, 1937 J. Davidson Registrar

Name of operation Date of
 What test confirmed diagnosis? Blument 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) J. Davidson, 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.

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PHYSICIAN'S
NOTION IS

us. fully equipped. ✓ CE should be asked for.
✓ CE should be asked for.
✓ CE should be asked for.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31908
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1. PLACE OF DEATH

(a) County Saline Registration District No. 794
(b) Township Cambridge Primary Registration District No. 6037A
(c) City (d) Street No.
(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 Mrs. Eliza Sullentrop

(a) Residence, No. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 6 12
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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Nov 4 1927 J. H. Davidson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h... alive on 19... 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:

acute indigestion Date of onset

Other contributory causes of importance: 1120

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify: J. H. Davidson, M. D.

(Signed) William S. Sullentrop (Address)

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