

REC'D AUG 14 1939

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

24880

Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 102.3
(b) Township Clay Primary Registration District No. 500.6
(c) City _____ (d) Street No. _____ 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

360 LEONARD E. SUDDER
(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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11" 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 6 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer.
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) 1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Industry, Ill. 1

FATHER 13. NAME James Sudder 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 1

MOTHER 15. MAIDEN NAME Etna Vail

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

17. INFORMANT (ADDRESS) Mrs Leonard Sudder
Brashear, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brashear, DATE July 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. R. Early
Brashear, Mo.

20. FILED July 25, 1939 Spencer L. Meenan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13" 1939

22. I HEREBY CERTIFY That I attended deceased from March 13, 1938, to July 12, 1939
I last saw him alive on July 12, 1939 Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset _____

Other contributory causes of importance: 27

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 _____

(Signed) Dr. M. F. Kennedy, M. D.
3 (Address) Brashear, Mo. Ra 3

RECEIVED

District Health Officer No. 10

District File Number R-39-1448

Date Filed AUG. 10 1939

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.....

Licensed Embalmer No.....

P. O. Address.....

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.