

1887 NOV 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Miller*
Township *Osage*
City *Zionsville* (No. *36*)

Registration District No. *6*
Primary Registration District No. *5760*

File No. *36291*
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred *60* yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 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 *Ruby Sooter*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 24, 1857*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 11 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Minister of Gospel*
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 *50*

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

MOTHER 13. NAME *Harvey Van Buren Sooter*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pennesse*

15. MAIDEN NAME *Sarah Ann Smith*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pennesse*

17. INFORMANT *Rev. Mollie Sooter*
(ADDRESS) *Kansas City, Kans*

18. BURIAL, CREMATION, OR REMOVAL *Removal*
PLACE *Kansas City, Mo.* DATE *July 31, 1938*

19. UNDERTAKER *C. L. Bay*
(ADDRESS) *Idaho, Mo.*

20. FILED *10-15* 19 *38* *John E. Schuitemaker*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7/29-1938*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 15*, 19 *38*, to *7-29*, 19 *38*

I last saw him alive on *7-29*, 19 *38* Death is said

to have occurred on the date stated above, at *9 p.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver
A Good result

Other contributory causes of importance:

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) *Y. W. Duncan* M. D.
Edna May

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RECEIVED
Miller County Health Dept.
County File Number 20
Date filed 11-16-38