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.

JAN 1 5 1935

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

Do not use this space. 1

File No. 42209

Registered No. 267

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township Primary Registration District No. 3009
City Cape Girardeau (No. Southeast Mo Hospital St. Ward)

2. FULL NAME Sutterfield, Peggy May

(a) Residence, No. Sikeston St., Ward. Sikeston Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	Caucasian	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11-1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	7	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 59

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child 12

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 12

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

FATHER

13. NAME Sutterfield, Jel Harold

14. BIRTHPLACE (CITY OR TOWN) St. Francois Co.
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Millsap, Ellnora

16. BIRTHPLACE (CITY OR TOWN) Konawa, OI
(STATE OR COUNTRY) Okla

17. INFORMANT Millsap, Mrs Geo
(ADDRESS) 611 Eastman, Springfield, Mo

18. ~~BURIAL, CREMATION, OR REMOVAL~~
PLACE Sikeston, Mo. DATE Dec 11 19 34

19. UNDERTAKER R. J. Welch
(ADDRESS) Sikeston Mo

20. FILED 12-11, 1934 J. M. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-11, 1934, to 12-11, 1934
I last saw her alive on 12-11, 1934. Death is said to have occurred on the date stated above, at 5:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis (uremia) ✓	
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) R. R. Williams, M. D.
(Address) Cape Girardeau, Mo.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Stoddard Registration District No. 125
Township ..... Primary Registration District No. 3009
City ..... (No. Southeast Mo Hosp ..... St. ..... Ward)

File No. .....
Registered No. 261

2. FULL NAME Peggy May Sutterfield

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	S

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.
	7	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

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) ..... (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. UNDERTAKER ..... (ADDRESS) .....

20. FILED 1 - 30 ..... 19 34 J. M. Thompson Registrar.

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11 .19 34

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

	Date of onset
acute Nephritis	
Caused from Diabetes	
Ulcer	
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) ....., M. D.
(Address) .....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

JAN 2 8 1935

S-42209