



Donna M. Johnston
Sutter County Clerk-Recorder

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OFFICIAL SUTTER COUNTY TITAN SEAL

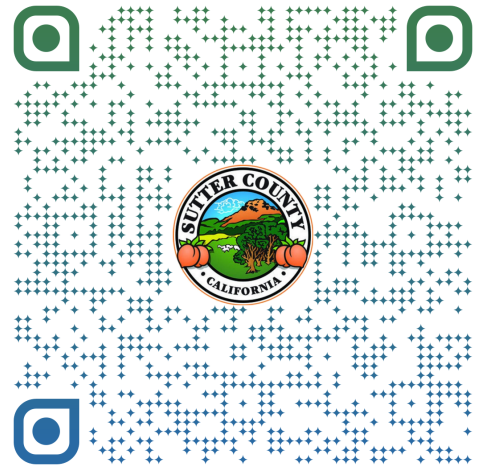
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I, Donna M. Johnston, hereby certify this document as a true and correct copy of the original on record with the Sutter County Clerk-Recorder's office.

Donna M. Johnston

Donna M. Johnston, Sutter County Clerk-Recorder

December 8, 2022

Date

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COUNTY OF SUTTER

BUREAU OF VITAL STATISTICS

Local Registered No. 15TOWN OF Nicolans Calif.

STANDARD CERTIFICATE OF DEATH

CITY OF

(No.)

ST.; WARD 100

[If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out Nos. 18A and 18B.]

² Full Name Emil Sutter

| PERSONAL AND STATISTICAL PARTICULARS | | | | MEDICAL CERTIFICATE OF DEATH | |
|--|---|---|--|--|--|
| 3 SEX <u>male</u> | 4 COLOR OR RACE <u>white</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Infant</u> | | 16 DATE OF DEATH <u>Feb</u> <u>19th</u> , 19 <u>17</u> (Month) (Day) (Year) | |
| 5a HUSBAND OF | | | | 17 I HEREBY CERTIFY, That I attended deceased from | |
| 5b WIFE OF <u>Infant</u> | | | | <u>Feb 18th</u> , 19 <u>17</u> , to <u>Feb 19</u> , 19 <u>17</u> ; | |
| 6 DATE OF BIRTH <u>Feb</u> <u>19th</u> , 19 <u>17</u> (Month) (Day) (Year) | | | | that I last saw him alive on <u>Feb 19</u> , 19 <u>17</u> ; | |
| 7 AGEyears.....months <u>1</u> days | | If LESS than 1 day,hrs. or.....min.? | | and that death occurred on the date stated above at <u>2:30 P.</u> M. | |
| 8 OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer)..... | | | | The CAUSE OF DEATH * was as follows: | |
| <u>none</u> | | | | <u>Hydrocephalus</u> | |
| 9 BIRTHPLACE (State or country) <u>Sutter Co. Calif</u> | | | | (Duration) years months <u>1</u> days | |
| PARENTS | 10 NAME OF FATHER <u>Joseph Sutter</u> | | | Contributory | |
| | 11 BIRTHPLACE OF FATHER (State or country) <u>Switzerland</u> | | | (Duration) years months days | |
| | 12 MAIDEN NAME OF MOTHER <u>Elizabeth Sutter</u> | | | State whether attributed to dangerous or insanitary conditions of employment..... | |
| 13 BIRTHPLACE OF MOTHER (State or country) <u>Switzerland</u> | | | (Signed) <u>H. B. Baird</u> M. D. <u>Feb. 20</u> 19 <u>17</u> (Address) <u>Nicolans Calif</u> | | |
| 18a LENGTH OF RESIDENCE At Place of Death years months <u>1</u> days (Primary registration district) In California years months <u>1</u> days | | | | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL. | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Johnnie Scheiber</u> (Address) <u>Nicolans</u> | | | | 18b SPECIAL INFORMATION FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS Where was disease contracted, if not at place of death? | |
| 15 Filed 191..... Subregistrar Filed <u>Feb 28</u> , 19 <u>17</u> , <u>H. C. Flannery</u> Registrar or Deputy. | | | | 19 PLACE OF BURIAL OR REMOVAL <u>Nicolans</u> | |
| | | | | 20 UNDERTAKER <u>Kelly Bros</u> | |
| | | | | DATE OF BURIAL <u>Feb 20</u> , 19 <u>17</u> | |
| | | | | ADDRESS <u>Marysville</u> | |