

PLACE OF DEATH

Buchanan

County _____

Township _____

or

Village _____

or

City St. Joseph,

(NO. _____)

Memorial Home, 1120 Main

St. _____

Ward _____

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH.

83

1914

Registration District No. _____

File No. _____

Primary Registration District No. 1001Registered No. 17

If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Levi D. Tutthill,

PERSONAL AND STATISTICAL PARTICULARS

SEX Male	COLOR OR RACE White	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single
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DATE OF BIRTH Unknown Unk.	855
(Month) (Day) (Year)	

AGE 79	Unk. Unk.	IF LESS than 1 day, _____ hrs. or _____ min.?
_____ yrs. _____ mos. _____ ds.		

OCCUPATION
(a) Trade, profession, or particular kind of work **Retired**

(b) General nature of industry, business, or establishment in which employed (or employer) **General Manager R. R. Company**

BIRTHPLACE
(City or town, State or foreign country) **Howels, N. Y.**

NAME OF FATHER **Unknown**

BIRTHPLACE OF FATHER
(City or town, State or foreign country) **Unknown**

MAIDEN NAME OF MOTHER **Unknown**

BIRTHPLACE OF MOTHER
(City or town, State or foreign country) **Unknown**

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Keale

(ADDRESS) **224 So. 8th. St.**

Filed June 4 1914 W. G. Harrington
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 5th, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from about Dec 1st, 1913, to Jan 5th, 1914, that I last saw him alive on Jan 3rd, 1913, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage
Apoplexy

Contributory Arterio Sclerosis
(SECONDARY)

(Signed) Paul D. Dargatzis M. D.

1-6-1914 (Address) Long Hill Bldg

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS)

At place of death 10 yrs. _____ mos. _____ ds. In the State 53 yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?

Former or usual residence **Memorial Home**

PLACE OF BURIAL OR REMOVAL

St. Mora Cemetery
HEATON BEGOLE UNDER TAKER

DATE OF BURIAL

Jan. 6th., 1914

ADDRESS

224 So. 8th. St.

By J. W. Keale

of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms of terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)