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

Do not use this space.

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 4587
Township — Primary Registration District No. 2001 — Registered No. 86
City Springfield (No. 1908 E. Brower St. Ward)

2. FULL NAME John L. Dutton
(a) Residence. No. 1908 E. Brower 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.

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.

1929

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: Mary E. Dutton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 1, 1844

7. AGE: Years 83 — Months 10 — Days 5 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Y.

PARENTS
10. NAME OF FATHER: George W. Dutton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N. Y.
12. MAIDEN NAME OF MOTHER: Unknown Lyons
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs. Mary E. Dutton
(Address) Springfield, Mo.

15. FILED 2-6, 1928 — O. C. Horst M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2.

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2/6/ 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 4th, 1927, to 2-4, 1928, that I last saw him alive on Jan 10th, 1928, and that death occurred, on the date stated above, at 8 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Disease of heart
131
92A (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Nephritis (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. J. Rakeman, M. D.
, 19 (Address) 507 Walnut

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Arapahoe Neb — DATE OF BURIAL: Feb 8 1928

20. UNDERTAKER: J. W. Klingner & Co. — ADDRESS: 424 E. Conil St. Springfield, Mo.