AUG 21 1928

311

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

Do not use this space.

23105

File No.

Registered No. 918

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 35

Township: — Primary Registration District No.: 1001

City: St Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME: Charles Cutting

(a) Residence. No. 4103 - 41st St Kansas City Mo. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred: 4 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: wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7/1/1857

7. AGE: Years 71 — Months 5 — Days 10 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Butter Maker
(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): Vermont

PARENTS

10. NAME OF FATHER: William Cutting

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

12. MAIDEN NAME OF MOTHER: Phoebe Showfelt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Hospital Records
(Address): St Joseph Mo

15. FILED: 8/8, 1928 John T. Ulrich, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7/11 1928

17. I HEREBY CERTIFY, That I attended deceased from 4/11, 1928, to 7/11, 1928, that I last saw h. alive on June 11, 1928, and that death occurred, on the date stated above, at 4:10 pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93C
162 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Senile Psychosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Data

(Signed) E Baker, M.D.

7/11, 1928 (Address) St Joseph

*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: Aurora, Illinois — DATE OF BURIAL: Aug 9 1928

20. UNDERTAKER: F. Meierhoffer — ADDRESS: 1302 Jackson

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.