

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

Do not use this space.

39816

1. PLACE OF DEATH

Comdy. Cass Registration District No. 160
Township. West Dotan Primary Registration District No. 4094
City. Westline (No. _____) St. _____ (Ward)

File No. _____
Registered No. _____

2. FULL NAME

Martha Amanda Cutler

(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 48 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 James Charles Cutler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-23-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Blountsville
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Bennett O. Givens

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

12. MAIDEN NAME OF MOTHER Elizabeth E. not known

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

14. INFORMANT Mrs. J. C. Cutler
(Address) Westline Mo.

15. FILED 12/10/28 Mary Meador
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-9 19 28

17. I HEREBY CERTIFY That I attended deceased from Dec 8, 1928, to Dec 8, 1928, that I last saw him alive on Dec 8, 1928, and that death occurred, on the date stated above, at Dec 9/28 4:30 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

82A (duration) 7 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 74001 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. W. Kelly, M. D.
, 19 (Address) Louisburg Kans

*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 Westline DATE OF BURIAL 12-10 1928

20. UNDERTAKER Ward B. Ruyter ADDRESS Louisburg Kans

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.

