

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

Do not use this space.

9712

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. _____

Township _____

Primary Registration District No. 1001

Registered No. 423

City St. Joseph,

(No. Missouri Methodist Hospital)

St. _____ Ward) _____

2. FULL NAME Charles M. McNutt,

(a) Residence. No. _____

St. _____

Ward. Blockton, Iowa,

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. _____

mos. 7

ds. _____

How long in U.S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 20, 1912

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

17

10

8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Student,

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

(c) Name of employer

121A
129

9. BIRTHPLACE (CITY OR TOWN) New Market,

(STATE OR COUNTRY) Iowa,

10. NAME OF FATHER Martin McNutt,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clarinda,

(STATE OR COUNTRY) Iowa,

12. MAIDEN NAME OF MOTHER Maggie Mitchell,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Weldon,

(STATE OR COUNTRY) Iowa,

14.

INFORMANT Martin McNutt

(Address) R.F.D. # 2, Blockton, Iowa.

15.

FILED 29

1929

John B. [Signature]
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-28 1929

17.

I HEREBY CERTIFY, That I attended deceased from Mar 20 1929 to Mar 28 1929
that I last saw him alive on Mar 28 1929, and that death occurred, on the date stated above, at 3 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

peritonitis general following perforated gangrenous appendix

(duration) _____ yrs. _____ mos. 10 ds.

CONTRIBUTORY (SECONDARY) acute appendicitis

(duration) _____ yrs. _____ mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF Mar 20

WAS THERE AN AUTOPSY? yes Mar 28

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. S. [Signature] M. D.

Mar 29, 19 29 (Address) St Joseph Mo 1

*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

Blockton, Iowa,

DATE OF BURIAL

Mar. 31st 19 29

20. UNDERTAKER

Heaton B. Gale & Bowma

ADDRESS

319 S. 10 St.

by J. W. [Signature]

Funeral Home

APR 23 1929
 6
 9
 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.
 261
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