APR 30 1929

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

Do not use this space.

11943

1. PLACE OF DEATH
County Ralls — Registration District No. 7247 — File No.
Township Saverton — Primary Registration District No. 5[illegible] — Registered No. 6[illegible]
City (No. R.R.#2 New London, Mo. Ward)

2. FULL NAME Wilford Hubart Cutsinger
(a) Residence. No. R.R.#2 New London, Mo. 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.

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) Aug. 25-1908
7. AGE: Years 20 | Months 6 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Wm Cutsinger
9. BIRTHPLACE (CITY OR TOWN) Ralls County
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Wm Cutsinger
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Ella Cook
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Illinois

14. INFORMANT Wm. Cutsinger
(Address) R.R.#2 New London Mo.
15. FILED 3/27 1929 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1929
17. I HEREBY CERTIFY, That I attended deceased from Feb 18th 1929, to March 9th 1929 that I last saw h. 1 m alive on 9 a.m. 1929, and that death occurred, on the date stated above, at 8.45 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: 11B Acute Influenza of about two weeks duration.
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 11B
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. W. Owen, M. D
3/12, 1929 (Address) Glasco Mo

*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: St. Mary's Cemetery — DATE OF BURIAL: 3/12/1929
20. UNDERTAKER: Roy P. Schwartz — ADDRESS: Hannibal, Mo.

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.