96
MAY 25 1929
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15923

1. PLACE OF DEATH
County St. Louis Registration District No. 1160 File No.
Township Central Primary Registration District No. 4470 Registered No. 46
City University (No. 6633 University Drive St. Ward)

2. FULL NAME Lora E. Tutton
(a) Residence. No. 6633 University Drive 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 21, 1855

7. AGE: Years 73 | Months 7 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

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) Shasta
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER J. R. Carothers
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Susan Eiker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT W. W. Pinkerton
(Address) 4243 Russell Ave.

15. FILED 4/15 1929 Marie Brown D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14 1929

17. I HEREBY CERTIFY, That I attended deceased from April 13, 1929, to April 14, 1929 that I last saw h. liv. alive on Apr 13, 1929, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis 948 97 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arterio sclerosis (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?

(Signed) Albert E. Tausig, M. D.
Apr 15, 1929 (Address) 3720 Washington

*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 Columbus, Kansas DATE OF BURIAL April 15 1929
20. UNDERTAKER Wagoner ADDRESS 3621 Olive

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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