12
MAR 24 1929
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

17420

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No.
Township Poplar Bluff — Primary Registration District No. 3007 — Registered No. 101
City Poplar Bluff (No. ..... St. ..... Ward)

2. FULL NAME Lolla Tuttle Lott

(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Fem.
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: Shorty Lott

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1903 Est.

7. AGE: YEARS 26 — MONTHS Estimated — DAYS ? — 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): Bernie
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Joseph Tuttle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Cant Say
12. MAIDEN NAME OF MOTHER: Cant Say
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Cant Say

14. INFORMANT: B. M. Hopkins
(Address): Bernie Mo

15. FILED 5/21 1929 Dr B J Clue REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): May 21 — 1929

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1929, to May 21, 1929, that I last saw her alive on May 21, 1929, and that death occurred, on the date stated above, at 1:15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Banti's Disease
73A
93B (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Myocarditis (duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: 90B
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) S. L. Kneibert, M. D.
, 19 (Address) 1124 N Main Poplar Bluff 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: Bernie Mo — DATE OF BURIAL: 5/23 1929

20. UNDERTAKER: Bernie Und Co — ADDRESS: Bernie 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.

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

JUN 1 1955