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

Do not use this space.

File No. 14924

Registered No. 4344

1. PLACE OF DEATH

County ..... Registration District No. 781

Township ..... Primary Registration District No. 1003

City St. Louis (No. 5635 Waterman St. ..... Ward)

2. FULL NAME Laura E. Nutter

(a) Residence. No. 5635 Waterman St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ..... ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 3, 1856.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ....min.
	74	2	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Taylorville,
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Benjamen Leigh

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

12. MAIDEN NAME OF MOTHER Mary Crenshaw

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

14. INFORMANT C. H. Nutter
(Address) 5635 Waterman St. Louis

15. FILED ..... 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 30, 1930

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1930, to April 30, 1930, that I last saw her alive on April 29, 1930, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Chronic
93C
97

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(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? Physical

(Signed) H. H. Shackelford, M. D.

May 1, 1930 (Address) 508 Wafle Bldg.

*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 Brighton, Illinois

DATE OF BURIAL May 2 1930.

20. UNDERTAKER Kurrus Und. Co C. G. Kurrus

ADDRESS E. St. Louis Illinois

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.