

SEP 22 1930

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Washington Primary Registration District No. 1001
City St. Joseph (No. 1016 South 18th St. Ward)

File No. 25949
Registered No. 944

2. FULL NAME

(a) Residence. No. 1016 So 18th St., Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maggie Glnutt</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 3 1843</u>		
7. AGE <u>86</u>	YEARS <u>11</u>	MONTHS <u>13</u>
		DAYS <u>13</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

PARENTS	10. NAME OF FATHER <u>John M. Glnutt</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	12. MAIDEN NAME OF MOTHER <u>Annandia C. Glnutt</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>

14. INFORMANT Robt. D. Glnutt, Jr.
(Address) 1016 So 18th St. St. Joseph

15. FILED 8-16, 1930 John G. Glnutt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 16 1930
17. I HEREBY CERTIFY, That I attended deceased from June 1 1930, to Aug 16 1930
that I last saw him alive on Aug 15 1930, and that death occurred, on the date stated above, at 12:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis
131
97 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Intestinal Atherosclerosis
(duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

131
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF Aug 16, 1930
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Gordon D. Glnutt, M. D.
Aug 16, 1930 (Address) 845 So 40th St. St. Joe, 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 Phillicathe, Mo. DATE OF BURIAL Aug 16 1930
20. UNDERTAKER E. Q. Sidenfaden ADDRESS 602 So 10th

