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

Do not use this space.

38373

1. PLACE OF DEATH
County Webster
Township Ozark
City (No. St. Ward)

Registration District No. 896
Primary Registration District No. 6198

File No.
Registered No. 32

2. FULL NAME Mrs Bell King Cutter

(a) Residence. No. St., 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm H Cutter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29 1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
68	3	10	

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) (STATE OR COUNTRY) Webster Co Mo

PARENTS
10. NAME OF FATHER Ike King
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) N.C.
12. MAIDEN NAME OF MOTHER Martha Grigsby
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn

14. INFORMANT J R Bruce
(Address) Marshfield Mo

15. FILED 12/5, 1930 J R Bruce
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1930, to Nov 9 30, 19 that I last saw her alive on Nov 9, 1930, and that death occurred, on the date stated above, at 5 PM, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Bloc
94 B
96 A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Coronary Sclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Mrs William A Schlieffer
11/10/1930 (Address) Niangua 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 Osage Cemetery
DATE OF BURIAL 11/11/1930

20. UNDERTAKER W T McMahan
ADDRESS Marshfield

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

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.