

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.

JUL 24 1931

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

Do not use this space.

21057

1. PLACE OF DEATH

County Dunklin
Township Cotton Hill
City Ephraim (No. Tuttle)

Registration District No. 289
Primary Registration District No. 5407

File No. 36
Registered No. 36 St. Ward

2. FULL NAME

(a) Residence, No.

St.

Ward.

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Minnie Tuttle

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

June 25-1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

591129

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Farming

10. Date deceased last worked at this occupation (month and year)

June 24-1931

11. Total time (years)

spent in this occupation

life

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Malden Mo.

13. NAME

Louison Tuttle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

MOTHER

15. MAIDEN NAME

Louison Northen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Jackson Co. Ill.

17. INFORMANT (ADDRESS)

Joe Tuttle Malden Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Berrie Mo.DATE 6-271931

19. UNDERTAKER (ADDRESS)

W. L. Craig Malden Mo.

20. FILED

6/261931S. B. Mitchell

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June 24 1931

22. I HEREBY CERTIFY That I attended deceased from

unattended to Dr. Doctor 1931I last saw him alive on 23rd 1931 Death is saidto have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

Heart exhaustion from too steady work - 6/24/31

Date of onset

Other contributory causes of importance:

Name of operation none Date of What test confirmed diagnosis? history Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 1931Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yesIf so, specify Exhaustion by high temp. in Sun

(Signed)

W. L. Craig M. D.

(Address)

Malden Mo.

