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

Do not use this space.

Registration District No. 79
Primary Registration District No. 4047

File No. 3 152
Registered No. .....

1. PLACE OF DEATH
City or town Bonne Terre
Township or Village Bonne Terre
County Bonne Terre (No. ..... St. ..... Ward)

FULL NAME OF HOSPITAL Bussard Griffith

(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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 13 1843

7. AGE: Years 88 | Months 5 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House-keeper 92
(b) General nature of industry, business, or establishment in which employed (or employer): 16
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY): Mo. 1

PARENTS

10. NAME OF FATHER: Herod Utt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Ky. 2
12. MAIDEN NAME OF MOTHER: Nancy Bailey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Va.

14. INFORMANT: W. M. Denson
(Address): Sturgeon Mo.

15. FILED 1-30 1932 E. N. Gentry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jany 29 1932

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw him alive on Jan 29 1932 and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular insufficiency of the Heart, She died very suddenly, on an effort to cross the room
A ..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Old-Age (Senility)
..... (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? (Observation)
(Signed) E. N. Gentry, M. D.
, 19 (Address) Sturgeon 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: Hatton Cemetery
DATE OF BURIAL: 1-31- 1932

20. UNDERTAKER: Barnes F. & U. Co.
ADDRESS: Sturgeon 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.

DATES UNTIL THE FOLLOWING BLANKS ARE PRESCRIBED BY LAW

FEB 3 1932