

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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

20321

## 1. PLACE OF DEATH

74 County Madaway Registration District No. 626  
 Township Independence Primary Registration District No. 5828  
 City Rolla (No. 170)

File No. ....  
 Registered No. ....  
 St. .... Ward)

## 2. FULL NAME

(a) Residence, No. Phoda Chutter Ward. ....  
 (Usual place of abode) Arnell mo.  
 Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>Josephus Chutter</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 6 1839</u>				
7. AGE <u>93</u>	YEARS <u>4</u>	MONTHS <u>2</u>	DAYS <u>2</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer's wife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) .....			
11. Total time (years) spent in this occupation .....				
12. BIRTHPLACE (CITY OR TOWN) <u>Fredrick Ohio</u> (STATE OR COUNTRY) <u>2</u>				
FATHER	13. NAME <u>Edward L Dean</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>31</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Almira Dean</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT <u>Clara Walter</u> (ADDRESS) <u>Arnell mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oxford Mo.</u> DATE <u>June 9, 1932</u>				
19. UNDERTAKER <u>A. J. Pool &amp; Co</u> (ADDRESS) <u>Arnell, mo</u>				
20. FILED <u>6-10 1932</u> <u>Chas. Campbell</u> Registrar				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>June 8</u> , 19 <u>32</u>
22. I HEREBY CERTIFY That I attended deceased from <u>July</u> , 19 <u>31</u> , to <u>June 8</u> , 19 <u>32</u> Last seen alive on <u>July</u> , 19 <u>31</u> . Death is said to have occurred on the date stated above, at <u>1:30 a. m.</u> The principal cause of death and related causes of importance were as follows: <u>General debility because of her being 93 yrs. old</u> <u>162</u> Other contributory causes of importance: <u>162</u> Name of operation ..... Date of ..... What test confirmed diagnosis? ..... Was there an autopsy? .....
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19..... Where 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? ..... If so, specify ..... (Signed) <u>William Day</u> , M. D. (Address) <u>Mayville Mo.</u>

