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

Do not use this space.

38006

1. PLACE OF DEATH
97 County Saline — Registration District No. 796 — File No.
5 Township Marshall — Primary Registration District No. 3038 — Registered No.
7 City Marshall (No. ..., ... St. ..... Ward)

2. FULL NAME Henry Leaton McCutcheon

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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.

JAN 5 1933

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.

V. S. No. 2

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26, 1907

7. AGE: YEARS 25 — MONTHS 2 — DAYS [illegible] — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer 137
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo. 1

FATHER
13. NAME Thos. S. McCutcheon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Ada Leaton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

17. INFORMANT (ADDRESS) Thos. S. McCutcheon Nelson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park Cem. DATE Nov. 22, 1932

19. UNDERTAKER (ADDRESS) Vandiver Mortuary Marshall, Mo.

20. FILED 12-1-, 1932 A. C. Putnam Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1932

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ heading [illegible] Nov. 28, 1932, to —, 19....
I last saw h— alive on —, 19.... Death is said to have occurred on the date stated above, at 10.30 a.m.
The principal cause of death and related causes of importance were as follows:

Neck broken by two cars accidentally colliding on 65 5 miles S. of Marshall

Date of onset

Other contributory causes of importance: 5

210 M 210 9 201

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? accident 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.
On High way 65
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify.
(Signed) B. C. Bradshaw, M. D.
(Address) Arrowrock