

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1072
City St. Louis (No. City Hospital)

File No. 42135
Registered No. 11261
St. Ward)

15872 Willis Cutler
2. FULL NAME
(a) Residence, No. 4915 Genevieve 7 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 3 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 30-1912</u>		
7. AGE	YEARS <u>20</u>	MONTHS <u>4</u>
	DAYS <u>17</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>clerk 135</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>A + P Gro. Co.</u>	
	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) <u>Blytheville</u> <u>Arkansas</u>	13. NAME <u>Hall Cutler</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	15. MAIDEN NAME <u>Emma Lancaster</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	17. INFORMANT (ADDRESS) <u>Hospital information</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blytheville Ark</u> DATE <u>12-20</u> 19 <u>32</u>	19. UNDERTAKER (ADDRESS) <u>Cobb Undert Co.</u>	
20. FILED <u>DEC 19 1932</u>	Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14th 1932 to Dec. 17th 1932
I last saw him alive on Dec. 17th 1932 Death is said to have occurred on the date stated above, at 4:50 a.m.
The principal cause of death and related causes of importance were as follows:
Bilateral lobar pneumonia Date of onset Dec 10-32
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Other contributory causes of importance

Name of operation..... Date of.....
What test confirmed diagnosis? lung Was there an autopsy? yes

23. If death was due to external cause (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) J. J. Redger M. D.
(Address) City Hospital

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.

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