

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

Do not use this space.

6658

1. PLACE OF DEATH

73 County Newton
Township Van Buren
City 98 (No. _____)

Registration District No. 612
Primary Registration District No. 5814

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Allen G. Cutright

(a) Residence, No. _____ St. _____ Ward _____
(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. (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 Jennie E. England
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1891
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 5 25
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) (STATE OR COUNTRY) Champaign, Co Ohio

13. NAME Reynold Cutright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME unk

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

17. INFORMANT (ADDRESS) Jennie E. Cutright
Wichita, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Cemetery DATE Monday 6-11-33

19. UNDERTAKER (ADDRESS) James H. Anderson
Wichita, Mo.

20. FILED 2-4-33 Loace Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 3 1933

22. I HEREBY CERTIFY That I attended deceased from Feb 1 1933, to Feb. 2 1933

I last saw him alive on Feb. 2 1933. Death is said to have occurred on the date stated above, at 5 a m.

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

Internal hemorrhage
11B
15D
11B

Other contributory causes of importance:
Possibly cardiac insufficiency

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) J. H. Anderson, M. D.

(Address) Wichita, 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.

109, 109c

