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.

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

Do not use this space. 13338

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1008
City Kansas City (No. 4015 Garfield St. Ward)
File No. 1670
Registered No.

2. FULL NAME Charles Frederick Cutmyer
(a) Residence, No. 4015 Garfield St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) M.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Agnes Cutmyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 - 1866
7. AGE YEARS 66 MONTHS 2 DAYS 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butcher
10. Date deceased last worked at this occupation (month and year) Armour Packing 1933
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York Penn.

FATHER
13. NAME Frederick Cutmyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

17. INFORMANT Wife Clara Agnes Cutmyer
(ADDRESS) 4015 Garfield Kansas City Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Eureka Kans DATE Apr 15 1933
19. UNDERTAKER Jennsey Bros.
(ADDRESS) Lawrence Kansas
20. FILED 4/14 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 13, 1933
22. I HEREBY CERTIFY, That I attended deceased from Apr - 13 - 1933, to Apr - 13, 1933
I last saw him alive on Apr 13, 1933. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Angina Pectoris
Date of onset
94B
Other contributory causes of importance: None
Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) F. C. Jennsey, M. D.
(Address) 311 Argyle Bldg