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

Do not use this space.

22122

File No. 22122

Registered No. 143

1. PLACE OF DEATH
County Vernon
Township
City Nevada (No. St. Ward)

Registration District No. 875
Primary Registration District No. 3039

2. FULL NAME John Phillip Dutton
(a) Residence, No. 229 N. Main St., 1 Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred — yrs. — mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-15-1848
7. AGE 85 YEARS MONTHS 4 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation all life 65 years.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamsburg Mo

FATHER
13. NAME Thomas Dutton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland DK DK-

MOTHER
15. MAIDEN NAME Mary Nettle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland DK

17. INFORMANT (ADDRESS) Curt Dutton Nevada Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Williamsburg Mo DATE June 22, 1933
19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada Mo
20. FILED 7-5-1933 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1933
22. I HEREBY CERTIFY That I attended deceased from June 10, 1933, to June 18, 1933
I last saw him alive on June 18, 1933 Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:
Myocarditis 93D 93D
Date of onset Dont Know
Other contributory causes of importance: None
Name of operation None 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? No
If so, specify —
(Signed) J. N. Love, M. D.
(Address) Nevada 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 28 1933