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.

JAN 8 1934

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

Barden

~~Do not~~ use this space.

35657

1. PLACE OF DEATH

10 County Boone — Registration District No. 72 — File No.

2 Township — Primary Registration District No. 4041 — Registered No. 27

2 City Centralia (No. ..... St. ..... Ward)

2. FULL NAME Mattie Tutt

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female — 4. COLOR OR RACE Colored — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Tutt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-20-1890

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
42	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Callaway Co Mo.

FATHER

13. NAME Jim Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Ky. — Kentucky

MOTHER

15. MAIDEN NAME Nannie Tucker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo.

17. INFORMANT (ADDRESS) Wm Tutt Centralia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia Mo DATE 11-22 1933

19. UNDERTAKER (ADDRESS) M J McDonald Centralia Mo

20. FILED 11/22 1933 J. T. Hickerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13 1933, to Nov. 20 1933

I last saw her alive on Nov. 20 (5 P.M.) 1933. Death is said to have occurred on the date stated above, at 7:50 P.m.

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

	Date of onset
Hemorrhagic Purpura	11/13/33
TOA	

Other contributory causes of importance: TOA

Name of operation none Date of —

What test confirmed diagnosis? none 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) Frank Wm Barden, M. D.

(Address) Centralia, Mo.