

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

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

Do not use this space.

1362

1. PLACE OF DEATH

County Jackson

Registration District No. 300

Township Highway

Primary Registration District No. 1000

City R. E. Mey (No. St Joseph Hospital)

File No. 341

Registered No. 341

St. Ward

2. FULL NAME

(a) Residence, No. 1240 3/2 E-12 St St. Ward

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Lulu E. McCutchen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 0 3

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

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) Huntington, Ind

13. NAME James McCutchen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Mrs Anna Cooper

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

17. INFORMANT (ADDRESS) Mrs Lulu E. McCutchen

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE 1/23 1934

19. UNDERTAKER (ADDRESS) Melodes McKee

20. FILED Jan 23 1934 M.M. Corbitt Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1934

22. I HEREBY CERTIFY that I attended deceased from Dec 25 1933 to Jan 22 1934
I last saw him alive on Jan 22 1934 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:

Diffuse Confluent Bronchial Pneumonia (Typhoid) Date of onset Jan 12 1934
107A 36

Other contributory causes of importance: Singuloventricular Stenosis of mitral orifice Date Dec 25 1933
Other addition 1929

Name of operation incision of aorta Date of Jan 5 1934
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? acc Date of injury 1/21 1933

Where did injury occur? Ke mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home handling piece of wood

Manner of injury splitting of wood with thrust
Nature of injury infection from splinters

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify

(Signed) C. Gus Ormick M. D.
(Address) 2602 East 15th Kansas City Mo

