

MAR 24 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County MONROE  
Township.....  
City PARIS (No. ....) (Ward) .....

Registration District No. 582  
Primary Registration District No. 4344

File No. 5802  
Registered No. ....  
St. .... Ward) .....

## 2. FULL NAME

ELIZABETH JANE TUTTLE

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 66 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>JOSEPH K. TUTTLE</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JULY 12, 1840</u>		
7. AGE	YEARS	MONTHS
	<u>93</u>	<u>7</u>
		<u>7</u>
	IF LESS than 1 day, .....hrs. or .....min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>AT HOME</u>
	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) TORONTO  
(STATE OR COUNTRY) CANADA

13. NAME THOMAS SUTHERLAND

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

15. MAIDEN NAME ANNE CLEAY

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

17. INFORMANT L. PAUL NIPPS,  
(ADDRESS) PARIS, MO.

18. BURIAL, CREMATION, OR REMOVAL FEB 21 1934

PLACE WALNUT GROVE DATE .....

19. UNDERTAKER SPEED & BLAKEY-  
(ADDRESS) Paris, Mo.

20. FILED FEB 19 1934 H. C. Payne  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 19 1934 . 19

22. I HEREBY CERTIFY, That I attended deceased from May 1932 to Feb. 19 1934

I last saw him alive on Feb. 19 1934. Death is said to have occurred on the date stated above, at 4:45 P. M.

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

Mitral Insufficiency Date of onset .....

Other contributory causes of importance: Age

Name of operation .....

What test confirmed diagnosis? Clinical 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 .....

Where did injury occur? at home (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. J. Bryant, M. D.  
(Address) Paris, Mo.

WHILE PRINTING, 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.

