

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

Do not use this space.

1. PLACE OF DEATH

County Audrain

Registration District No. 912

File No. 7706

Township Vandalia

Primary Registration District No. 4550

Registered No. 8

City Vandalia (No. _____, St. _____, Ward _____)

2. FULL NAME Fred 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

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 W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Porter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1879

7. AGE

YEARS 59

MONTHS 8

DAYS 25

IF LESS than 1 day, hrs. or mls.

OCCUPATION

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

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) Jolly

13. NAME Guy W Tuttle

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

15. MAIDEN NAME Lungbried

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

17. INFORMANT (ADDRESS) Guy W Tuttle

18. BURIAL, CREMATION, OR REMOVAL PLACE Galesburg

DATE 3 15 34

19. UNDERTAKER (ADDRESS) W S Waters

Vandalia Mo

20. FILED 3/14 1934

Mattie Fugus
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1934, to Mar 12, 1934

I last saw him alive on March 11, 1934. Death is said

to have occurred on the date stated above, at 11 A. m.

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

Date of onset

Myocarditis (Acute)
56 E
2/1/34

Other contributory causes of importance: Acute Arteriosclerosis 3/3/34

Name of operation _____ Date of _____

What test confirmed diagnosis? Rumex 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 _____, 1934

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? Yes

If so, specify: Pharyngitis

(Signed) Phyllis Alfred, M. D.

(Address) Vandalia Mo

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.

1934
4
5
20

