

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

Do not use this space.

MAY 23 1935

12305

1. PLACE OF DEATH

County 8618 Registration District No. 213
 Township Primary Registration District No. 3014
 City Jefferson City (No., St. Ward)

2. FULL NAME John Hardy Cutten

(a) Residence, No. 116 E. McCarty 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? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rena Cutten

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1854

7. AGE YEARS 81 MONTHS 1 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Manufacturer
 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) Truro (STATE OR COUNTRY) Novo Scotia

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. J. H. Cutten (ADDRESS) 116 E. McCarty

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverview Cem. DATE 4/9/ 35.

19. UNDERTAKER Heinrichs Funeral Home (ADDRESS) Jefferson City

20. FILED 4/10/ 1935 Dr. Bedford M.A. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 8, 35

22. I HEREBY CERTIFY, That I attended deceased from May 1 1931 to Apr. 8 1935

I last saw him alive on April 8th 1935 Death is said to have occurred on the date stated above, at 5:15 A.M.

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

Angine Pectoris Date of onset
920
 Other contributory causes of importance: Mitral and aorta diseases of the heart, coronary occlusion.

Name of operation None Date of
 What test confirmed diagnosis? X-ray & cardiograph Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? NO 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) Jefferson City M. D.
 (Address) Jefferson City MO.

WHITE 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.

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