

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

Do not use this space.

20672

1. PLACE OF DEATH

County Chelfs
Township St James
City..... (No.....,.....St.....Ward)

Registration District No. 678
Primary Registration District No. 5904

File No.....
Registered No.....

2. FULL NAME Anne B. Nutting

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

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-14-1870

7. AGE YEARS 68 MONTHS 1 DAYS 24 IF LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) 8-30-35 11. Total time (years) spent in this occupation 3 1/2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dana co Wis.

13. NAME Moses Rutney

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

15. MAIDEN NAME Mary La Belle

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

17. INFORMANT (ADDRESS) Virvian Piper St James mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic em DATE 6-11 1939

19. UNDERTAKER (ADDRESS) W E Kuehler St James Mo

20. FILED 6-10-1939 Mrs. W. A. Bank Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1 1939 to June 8 1939

I last saw her alive on June 8 1939 Death is said to have occurred on the date stated above, at 2:40 p. m.

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

Acute Sclerosis
Chronic Nephritis
Date of onset 1934

Other contributory causes of importance

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) William H. Brewer, M. D.
(Address) St James Mo

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.

25
5
5

1952 OCT 6