MAR 16 1936

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

Do not use this space.

4376

1. PLACE OF DEATH
County Adair
Township
City Kirksville (No. , St. Ward)

Registration District No. 4
Primary Registration District No. 3001

File No.
Registered No. 32

2. FULL NAME John F. Tuttle
(a) Residence, No. 415 S. 6th 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Tuttle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-1-1873

7. AGE YEARS 63 MONTHS 9 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 1935
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yarrow Missouri

FATHER
13. NAME Gabe Tuttle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianna

MOTHER
15. MAIDEN NAME Sarah Belter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Laura Tuttle Yarrow Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Carmel Cem. DATE 2-14-1936

19. UNDERTAKER (ADDRESS) Dee Riley Kirksville Mo.

20. FILED Feb. 16 1936 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1935, to Feb 12, 1936
I last saw him alive on Feb 12, 1936. Death is said to have occurred on the date stated above, at 7 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary anaemia	?
1/3 B	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Lab 2E Was there an autopsy? No

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) E H Laughlin, M. D.
(Address) Kirksville 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.