

MAY 20 1936

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

Do not use this space.

14735

1. PLACE OF DEATH

County Franklin
Township Mirambeau
City (No.)

Registration District No. 295
Primary Registration District No. 5412

File No.
Registered No.
St. Ward

2. FULL NAME

William Tutterow

(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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1874

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
61 11 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

13. NAME Wm. A. Tutterow

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

15. MAIDEN NAME ?

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

17. INFORMANT Carl Cross (ADDRESS) Sullivan Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cave Spring DATE 4-27 1936

19. UNDERTAKER Carl Cross (ADDRESS) Sullivan Mo.

20. FILED 4/27 1936 CD Hunter

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw him alive on April 25, 1936 Death is said to have occurred on the date stated above, at 550 m.

The principal cause of death and related causes of importance were as follows:
Coronary thrombosis Date of onset 4/25/36

9/4/36
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical 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 R.C. Kitchell, M. D.
(Signed) Sullivan, Mo.
(Address)

WHITE PRINT, WITH IMPADING 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.

