MAY 27 1936

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

Do not use this space.
16633

1. PLACE OF DEATH
County: St Clair — Registration District No.: 1037
Township: Jackson — Primary Registration District No.: 6012
City: ..... (No. ..... St. ..... Ward)

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

2. FULL NAME Earl Lee Tuter

(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: Boy
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 28 1935

7. AGE: Years 1 — Months 2 — Days 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. .....
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

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

FATHER
13. NAME Earl Lee Tuter
14. BIRTHPLACE (CITY OR TOWN) Browningtn (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Zella Ward
16. BIRTHPLACE (CITY OR TOWN) Benny County (STATE OR COUNTRY)

17. INFORMANT Evert Tuter (ADDRESS) Browningtn Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Perry Grove DATE April 22 1936

19. UNDERTAKER C. A. Rickett (ADDRESS) Browningtn Mo.

20. FILED 5-8 1936 W. H. Hudson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 11 1936 to Apr 21 1936
I last saw him alive on Apr 18 1936. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	

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? .....
If so, specify .....
(Signed) C. S. Stratton, M. D.
(Address) Lowry city 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.