

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.

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City St. Louis (No.)

Registration District No. 791
Primary Registration District No. 1003
6043 Juniateda St.

File No. 8541
Registered No. 1996
St. Ward)

2. FULL NAME

James N. Tuttle

(a) Residence, No. 6043 Juniateda St., 3 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 11 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Salesman

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) Lincoln Co Mo (STATE OR COUNTRY)

13. NAME Thomas Tuttle 31

14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY)

15. MAIDEN NAME Not known Weaver

16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY)

17. INFORMANT Helen Tuttle (wife) (ADDRESS) 6043 Juniateda

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter Paul DATE 2/18 1937

19. UNDERTAKER Louis Albers (ADDRESS) 4452 Washington Blvd.

20. FILED Feb 16 1937 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1936, to Feb. 14, 1937

I last saw him alive on Feb. 9, 1937. Death is said to have occurred on the date stated above, at 10:15 P.M.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance Two previous Hemorrhages

Name of operation _____ Date of _____
What test confirmed diagnosis Physical. Was there an autopsy? Yes

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? Yes
If so, specify _____ (Signed) A. J. P. Gray, M. D.

(Address) 3150 Maryland Rd.

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Thompson food. to [unclear] TE

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