

WRITE PLAINLY WITH UNWRAPPING INSTRUMENTS 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.

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

Do not use this space.

JUL 10 1937

22917

1. PLACE OF DEATH

County Jackson
Township Jackson
City Independence (No. 2) Cogen Hosp

Registration District No. 399
Primary Registration District No. 1002

File No. 22917
Registered No. 22917
St. Ward

2. FULL NAME

Harry Stutheit

(a) Residence, No. Withel Bldg, 314 + 3rd Ward
(Usual place of abode)

Length of residence in city or town where death occurred 20 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9 1883

7. AGE YEARS 53 MONTHS 6 DAYS 15
IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as farmer, sawyer, bookkeeper, etc. Physiotherapist
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) (STATE OR COUNTRY) Neb.

13. NAME Edward Stutheit

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

15. MAIDEN NAME Louise Kull

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

17. INFORMANT (ADDRESS) Dr. W. A. Clark
72 Cogen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE New Rome, Ind. DATE 6/26 1937

19. UNDERTAKER (ADDRESS) W. New Rome, Ind. R. M. De M... M. D.

20. FILED 6/25 1937 M. M. Cronin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-15 37 to 6-24 37

I last saw him alive on 6-24 1937 Death is said to have occurred on the date stated above, at 9:25 PM

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

Chronic vascular nephritis with anemia
Cardiac hypertrophy and dilatation
Other contributory causes of importance: 121

Date of onset

Name of operation
What test confirmed diagnosis? 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?
If so, specify (Signed) R. F. De M... M. D.
(Address) Supt. 72 Cogen Hosp

