

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

Do not use this space.

3592

1. PLACE OF DEATH  
 74 County Nodaway Registration District No. 625  
 8 Township Marysville Primary Registered District No. 3031  
 City Marysville (No. St. Francis Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Francis Leroy Tuttle 340  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 0 0

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 1938

22. I HEREBY CERTIFY, that I attended deceased from Jan 1 1938 to Jan 1 1938  
 I last saw him alive on still in bed Death is said to have occurred on the date stated above, at 10:10 p.m.

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 \_\_\_\_\_

The principal cause of death and related causes of importance were as follows:  
Difficult Version necessitated by very small bones & pelvis & large head.

Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marysville Mo

MOTHER 13. NAME Ray Tuttle 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centering Mo

15. MAIDEN NAME Neoma Miller 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parnell Mo

Name of operation Version Date of 1/38  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

17. INFORMANT Ray Tuttle (ADDRESS) Marysville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Patrick's DATE Jan 3 1938

19. UNDERTAKER (ADDRESS) Communion from C Marysville Mo

20. FILED 1-3 1938 Memie E. Clardy Registrar

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. Yes

Manner of injury Version  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) John F. Bell M. D.  
 (Address) Marysville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

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