

MAY 17 1938

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

15175
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 508
 (b) Township _____ Primary Registration District No. 3026 Registered No. 226
 (c) City Chillicothe (d) Street No. 447 Locust Street St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Roy M. Tuttle

(a) Residence, No. 1010 East 27th Street St. Kansas City, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mrs. Alna Tuttle
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1890
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
48 1 6
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer
 9. Industry or business in which work was done, as 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) Adrain Missouri
 FATHER 13. NAME Henry Tuttle
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown
 MOTHER 15. MAIDEN NAME M. Highly
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown
 17. INFORMANT (ADDRESS) Henry Tuttle Kansas City, Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE Crematorium DATE 4/29, 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1938, to April 28, 1938.
 I last saw him alive on April 28, 1938. Death is said to have occurred on the date stated above, at 3:04 a.m.
 The principal cause of death and related causes of importance were as follows:

Regime pectoris Date of onset 4/28/38
94 h

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 _____
 (Signed) R. B. Norman, M. D.
Chillicothe, Mo. (Address) 456

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.

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STATEMENT BY LICENSED EMBALMER

I, E. R. Norman, Licensed Embalmer No. 2374

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed ER Norman

Licensed Embalmer No. 2374

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)