

REC'D SEP 20 1938

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

29131

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400
(b) Township Chairie Primary Registration District No. 555313 Registered No. 181
(c) City Calmar (d) Street No. Jackson County Hospital 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. of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mr. Susan Elizabeth Cutchall 324
(a) Residence, No. Chairie Valley, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Aug. 17 1938</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James A. Cutchall</u>			22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ I last saw h..... alive on..... 19____. Death is said to have occurred on the date stated above, <u>6:30 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>PERFORATED APPENDIX</u> <u>GENERALIZED PERITONITIS</u> Date of onset
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 9, 1901</u>			
7. AGE YEARS <u>37</u>	MONTHS <u>4</u>	DAYS <u>8</u>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at home</u>			
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) <u>Wink, Kansas</u>			
13. NAME <u>John M. Thomas</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Orden, Montana</u>			
15. MAIDEN NAME <u>Josephine Butler</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record Iowa</u>			
17. INFORMANT (ADDRESS) <u>James A. Cutchall Chairie Valley, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Springs, Mo</u> DATE <u>Aug-19-38</u>			
19. FUNERAL DIRECTOR (ADDRESS) <u>George C. Carson</u>			
20. FILED <u>Aug 22 1938</u> <u>William J. Fields</u> Local Registrar			
Other contributory causes of importance: <u>121</u>			Name of operation <u>NONE</u> Date of..... What test confirmed diagnosis? <u>CLINICAL</u> Was there an autopsy? <u>NO</u>
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) <u>John M. Thomas</u> M. D. (Address) <u>Jackson Co Hospital</u> <u>362</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

..... L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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