

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

RECD OCT 18 1938

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

31566
Do not use this space.

1. PLACE OF DEATH

(a) County *Adair*
(b) Township *Walnut*
(c) City

Registration District No. *1067*
Primary Registration District No. *5009*

Registered No. *176*

(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

Leura Dean Tuttle (Stinson)

(a) Residence, No. (Usual place of abode, if no street address, write county or city) St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 27, 1938*

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 27-1938*

19....., to 19.....

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

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at *7 a.m.*
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *at home*
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

Torsion of Cord

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Adair County, Mo.*

Other contributory causes of importance:

13. NAME *Allen Tuttle*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

Name of operation Date of

15. MAIDEN NAME *Helma Jessie Drake*

What test confirmed diagnosis? Was there an autopsy?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

If death was due to external causes (violence), fill in also the following:

17. INFORMANT (ADDRESS) *Allen Tuttle*
Yarrow, Mo.

Accident, suicide, or homicide? Date of injury 19.....

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mount Carmel* DATE *Sept 29, 1938*

Where did injury occur? (Specify city or town, county, and State)

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *W. H. McCallister*
South Efford, Mo.

Specify whether injury occurred in industry, in home, or in public place.

20. FILED *Oct. 6, 1938* *Spencer L. Freeman* Local Registrar

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes, specify *C. H. Buckley*, M. D.
(Signed) *La Plata*, Mo.
(Address)

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

RECEIVED

District Health Officer No. 10

District File Number 10-38-2120

Date Filed 10-11-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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

If this body is not embalmed, above space should be left blank.