

NOV 21 1938

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

36323

Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 5-78 4310
(b) Township Primary Registration District No. 5720 Registered No.
(c) City Holliday (d) Street No. Holliday, Mo. 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

660 MARY ELLEN CUTTIER.
(a) Residence, No. Holliday, 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

3. SEX FEMALE 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) MAY 23, 1860.

7. AGE YEARS 78 MONTHS 5 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION 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

12. BIRTHPLACE (CITY OR TOWN) STEAMBOAT ROCK (STATE OR COUNTRY) IOWA.

FATHER 13. NAME THEO. BENJ. CUTTIER

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

MOTHER 15. MAIDEN NAME LIDA ANN WOLFKILL

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

17. INFORMANT NETTIE CUTTIER (ADDRESS) HOLLIDAY, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Isabel Cem. DATE Oct. 28 1938

19. FUNERAL DIRECTOR (NAME) Speldo Blakey (ADDRESS) Paris Mo. 503

20. FILED Oct 31 1938 Mrs. Dora Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1938 to Oct 26 1938

I last saw him alive on Oct 26 1938 Death is said to have occurred on the date stated above, at 11:45 P.M.

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

Cerebral Embolus Date of onset Oct 21 1938

82 B.

Other contributory causes of importance:

Age and arteriosclerosis

Name of operation Date of Chloroform

What test confirmed diagnosis 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 no

(Signed) McMurry, M. D.

(Address) Paris, Mo.

JAN 22 1942

RECEIVED

District Health Officer No. 10

District File Number 10-38-493

Date Filed 11/17/38

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

A. H. Blakey

Licensed Embalmer No.

2414

P. O. Address

Paris, Mo

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.)

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