

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

6973
Do not use this space.

REC'D MAR 15 1939

1. PLACE OF DEATH

(a) County Laclede Registration District No. 450

(b) Township Anglaise Primary Registration District No. 5615- Registered No. 1

(c) City..... (d) Street No..... St.

(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 Ada Elizabeth Cutter

(a) Residence, No. Sleper mo St. (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 female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3-1927

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>11</u>	<u>3</u>	<u>15</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Professional

9. Industry or business in which work was done, as saw mill, bank, etc. at home

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) Lamar Colo

FATHER

13. NAME Frank L. Cutter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Robo New Mex

MOTHER

15. MAIDEN NAME Mary E. Frank

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon mo

17. INFORMANT (ADDRESS) Frank L. Cutter Sleper mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Holmes Ave DATE 1939

19. FUNERAL DIRECTOR (ADDRESS) Holmes & Underwood

20. FILED March 7, 1939 Sh Atkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1939

22. I HEREBY CERTIFY, that I attended deceased from diagnosed by me to death, 1939

I last saw him live on Feb 20 at home Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Dysentery

Date of onset

Other contributory causes of importance:

Name of operation none Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury....., 1939

Where did injury occur? at home (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) C. E. Carter, M. D.

(Address) 9. East Main St

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X12004

RECEIVED
District Health Officer No. 7,
District File Number 7-39-439
Date Filed 3-11-39

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 with the above constitutes grounds for revocation of license.)