

REC'D MAR 16 1939

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

Do not use this space.

1. PLACE OF DEATH
50 County Pettis Registration District No. 664
Township Washington Primary Registration District No. 3884
City (No.) St. Ward

2. FULL NAME Ferdinand McNutt
(a) Residence, No. Near Manila Lane 1904 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

7472
File No.
Registered No. 2

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 Lucy Ellen McNutt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 8 13

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, 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) Near Newland
Pettis Mo

FATHER
13. NAME Michel McNutt

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

MOTHER
15. MAIDEN NAME Don't Know

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

17. INFORMANT Grover N. McNutt
(ADDRESS) Manila City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch DATE Friday 7/17

19. UNDERTAKER L. L. Ream
(ADDRESS) Green Ridge Mo.

20. FILED Feb 17 1939 W. R. Shelley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1938, to Feb 16, 1939
I last saw him alive on Feb 15, 1939. Death is said to have occurred on the date stated above, at 8 A. M.
The principal cause of death and related causes of importance were as follows:

Hemiplegia sequel of cerebral hemorrhage Date of onset OK

Other contributory causes of importance:
Change valvular disease of heart

Name of operation Date of
What test confirmed diagnosis? Urinal 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) H. A. Hite M. D.
(Address) Green Ridge Mo.

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.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3/2/39