

1939 APR 11 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

10048  
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 74  
 (b) Township Wesley Fork Primary Registration District No. 513  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
 (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 Thomas R. Nutt

(a) Residence, No. \_\_\_\_\_ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oiph ~~of~~ Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-12-1854

7. AGE YEARS 87 MONTHS 6 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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) Boone Co, Mo. (STATE OR COUNTRY)

13. NAME Jonathan R Nutt

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

15. MAIDEN NAME Emily E. Faucett

16. BIRTHPLACE (CITY OR TOWN) S. Carolina (STATE OR COUNTRY)

17. INFORMANT J. L. Faucett (ADDRESS) Hallsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Faucett Cemetery DATE 3-30-39

19. FUNERAL DIRECTOR (NAME) Parker (ADDRESS) Columbia, Mo.

20. FILED 3-30-39 Mrs. J. L. Faucett Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27-39

22. I HEREBY CERTIFY, That I attended deceased from 3-25-39 to 3-27-39  
 I last saw him alive on 3-25-39. Death is said to have occurred on the date stated above, at 11:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis Date of onset 1930  
Chronic Myocarditis  
Hypostatic pneumonia  
 Other contributory causes of importance: Senile Dementia & Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) James M. Parker, M. D.  
Columbia, Mo.

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.

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FORM 1 X 16625

**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

*M. J. Whitfield*

Licensed Embalmer No.

*3893*

P. O. Address

*Calumet*

**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.**