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.

OSC'D SEP 12 1939

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

Do not use this space.

28596

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph (No. , Mo. Metho. Hospital St. Ward)

Registration District No. 35
Primary Registration District No. 1001

File No.
Registered No. 825

2. FULL NAME John R. Dutton Jr.
(a) Residence, No. St. Ward. Oregon, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. 1 hour. How long in U. S., if of foreign birth? yrs. mos. ds.

## 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 Eva Marie Oliver Dutton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27,1910

7. AGE YEARS 29 MONTHS 6 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Quarry Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rock Quarry
10. Date deceased last worked at this occupation (month and year) 8-8-1939
11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland Kansas

FATHER
13. NAME John R. Dutton Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa Point, Kan.

MOTHER
15. MAIDEN NAME Della Blakely
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rushville, Mo.

17. INFORMANT (ADDRESS) John R. Dutton Oregon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oregon, Mo. DATE 8-10-39, 19

19. UNDERTAKER (ADDRESS) Pettijohn Funeral Service Oregon, Mo.

20. FILED Aug 9 1939 H J Nettebush Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-8-1939, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-8-39, 19, to 8-8-39, 19
I last saw him alive on 8-8-39, 19 Death is said to have occurred on the date stated above, at 7:00 P m.
The principal cause of death and related causes of importance were as follows:

Contused lacerations multiple of body — Date of onset 8/8/39

201

Other contributory causes of importance:
Shock traumatic
Accidental explosion of dynamite in rock quarry.

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? Accident Date of injury 8-8-39, 19
Where did injury occur? Oregon, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In industry
Manner of injury dynamite explosion
Nature of injury Contused Lacerations

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify
(Signed) S. E. Senor, M. D.
(Address) St. Joseph, Mo

License # 3192

James H Pittijohn