

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

36659
Do not use this space.

NOV 25 1940

1. PLACE OF DEATH

(a) County Williams Registration District No. 892
 (b) Township Williams Primary Registration District No. 454 Registered No. 5-
 (c) City..... (d) Street No.....
 (If death occurred in Hospital or Institution, write its name instead of street and number) 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

Evelyn Mae Cutler
 (a) Residence, No. Williamsville (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 1940
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 1
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) (STATE OR COUNTRY) Near Williamsville, Mo.
 FATHER
 13. NAME Thomas Henry Cutler
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamsville, Mo.
 MOTHER
 15. MAIDEN NAME Thursa Trindle
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 17. INFORMANT (ADDRESS) Henry Cutler
 18. BURIAL, CREMATION, OR REMOVAL PLACE Holladay Cem DATE Sept. 5- 1940
 19. FUNERAL DIRECTOR (ADDRESS) none
 20. FILED Sept. 5- 1940 Hattie McPherson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5- 1940
 22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.
 The principal cause of death and related causes of importance were as follows:
Whooping Cough Date of onset
 Other contributory causes of importance: 9
 Name of operation..... 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....., 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) Mrs Thursa Cutler (mother) M. D.
 (Address) Williamsville Mo.

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.)

Nov. 8, 1940

Dr. Harry Parker

Jefferson City, Mo'

The Cutter baby was taken to Poplar Bluff,

Dr. Henriksen gave the baby two
kinds of medicine the day before she

died, but he has so many patients he forgot

Case, and would not sign Certificate.

& mother to sign Res. Mrs. Hattie McQueen

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 36659

Registration District No. 892

Primary Registration District No. 6193 45-41

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Williamsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Evelyn Mae Cutler

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased July 2 1946
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>2</u>	<u>1</u>	_____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14: Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne
(c) City or town Williamsville
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 9 day 3
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Mr. Hallie Mc Ghee (M. D. or other) _____

Address Williamsville, Mo. Date signed Jan. 1947

SUPPLEMENTARY