

FILED APR 20 1942

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

11345

Do not use this space.

1. PLACE OF DEATH

(a) County Marion. Registration District No. 547
(b) Township..... Primary Registration District No. 3029 Registered No. 85 84
(c) City Hannibal, Mo. (d) Street No. St Elizabeth Hospital. St.
(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. 1 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Melvin Harold Tuttle.
(a) Residence, No. Perry, Missouri. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 0
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married. 1

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mildred Helen Tuttle.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 1, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 11 28

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coal Miner.
9. Industry or business in which work was done, as saw mill, bank, etc. Coal Mine.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Chelsea, IOWA
(STATE OR COUNTRY) Iowa. 1

13. NAME Wesley T. Tuttle.

FATHER
14. BIRTHPLACE (CITY OR TOWN) Perry,
(STATE OR COUNTRY) Missouri. 1

15. MAIDEN NAME Mary Bridge.

MOTHER
16. BIRTHPLACE (CITY OR TOWN) Elbern,
(STATE OR COUNTRY) Iowa. 1

17. INFORMANT (ADDRESS) Mildred Tuttle
Perry, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Muldreau Cemetery. 3-31-42, 1

19. FUNERAL DIRECTOR (NAME) Clipes Wilkey
(ADDRESS) Perry, Missouri

20. FILED 4/2 1942 Robt W Connor
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 29, 19 42

22. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1942, to Mar. 28, 1942

I last saw him alive on Mar. 28; 1942 Death is said to have occurred on the date stated above, at 6:30 A.M.

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

Acute nephritis ✓
Uremia

Date of onset

Other contributory causes of importance:

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? No

If so, specify

(Signed) E. T. Swann, M. D.(Address) Perry, Mo.

JUN 1
1949

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: *Clydes Wilkey*

Licensed Embalmer No. *3820*

P. O. Address *Perry, Mo.*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11343

Registration District No. 247

Primary Registration District No. 2029

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeths Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Melvin A. Routh

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

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

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 27 Months 11 Days 18 (If less than one day 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 (City, town, or county) (State or foreign country)

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

16. (a) Informant (b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19... 19... that I last saw him alive on... 19... and that death occurred on the date and hour stated above. Immediate cause of death: acute nephritis

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 130

Of autopsy

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 (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

11345