Dr Rainer

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

Do not use this space.

34992

1. PLACE OF DEATH
County Macon — Registration District No. 2133
Township — Primary Registration District No. 3027 — File No.
City Macon (No. , St. Ward) — Registered No. 108

2. FULL NAME John McNutt

(a) Residence, No. St., Ward.
(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. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3 - 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	64	-	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
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) Macon Co, Mo.

FATHER
13. NAME Jesse McNutt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Missouri

MOTHER
15. MAIDEN NAME Margaret Gooch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Mo.

17. INFORMANT (ADDRESS) Mrs John McNutt Macon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem DATE 11 - 2nd 1931

19. UNDERTAKER (ADDRESS) Stephens & Loodeborne

20. FILED 10/31/1931 Mrs Luke Hunker Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-29- 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Oct 29, 1931
I last saw him alive on Oct 29, 1931. Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
13.1	
97	

Other contributory causes of importance:
Chronic Nephritis

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) A M Rainer, M. D.
(Address) Macon Mo

N.B.—Every item of information should be carefully supplied. Age should be stated exactly. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.