

REC'D FEB 25 1939

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

Do not use this space.

1. PLACE OF DEATH  
County Monteair Registration District No. 57 & 5770 File No. 3146  
Township \_\_\_\_\_ Primary Registration District No. 4-338 Registered No. \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_) Ward \_\_\_\_\_

2. FULL NAME William Martin Tuttle  
(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

## MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>2-4-39</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-21-88</u>	7. AGE YEARS <u>50</u> MONTHS <u>2</u> DAYS <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.	22. I HEREBY CERTIFY, That I attended deceased from <u>2-4-39</u> , 19 <u>39</u> I last saw him alive on <u>2-4-39</u> , 19 <u>39</u> . Death is said to have occurred on the date stated above, at <u>7</u> m. The principal cause of death and related causes of importance were as follows: <u>Thump typhoid</u> Date of onset <u>2/1/39</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	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) <u>James town</u>	11. Total time (years) spent in this occupation <u>22</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>James town</u>	13. NAME <u>Traville Tuttle</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>James town</u>	Other contributory causes of importance: <u>I. B. King</u> <u>William</u>
15. MAIDEN NAME <u>Margaret Rohrbach</u>	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	17. INFORMANT (ADDRESS) <u>George Tuttle</u> <u>James town Mo</u>	Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Monteair</u> DATE <u>Feb 6</u>	19. UNDERTAKER (ADDRESS) <u>Charles Kullrich</u>	20. FILED <u>7-5</u> , 19 <u>39</u> <u>Miss Abbie Brad</u> Registrar.	23. If death was due to external causes (violence), fill in also the following: Cause, 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 <u>A. H. Meredith</u> , M. D. (Signed) _____ <u>Francis Brown</u>

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

