

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

Do not use this space.

29840-3  
1932  
17

~~32951-3~~

29840-3

**1. PLACE OF DEATH**

County Monteau Co

Registration District No. 574

Township Linn

Primary Registration District No. 5772A

City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Dorothy Moxie 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**

**3. SEX**

Female

**4. COLOR OR RACE**

W.

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word)

single

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Dec 11 - 1929

| 7. AGE   | YEARS    | MONTHS   | DAYS     | IF LESS than 1 day, _____ hrs. or _____ min. |
|----------|----------|----------|----------|--|
| <u>2</u> | <u>9</u> | <u>5</u> | <u>5</u> |  |

**8. OCCUPATION OF DECEASED**

- (a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Monteau Co Mo

**10. NAME OF FATHER** Henry Tuttle

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** (STATE OR COUNTRY) Monteau Co

**12. MAIDEN NAME OF MOTHER** Fornia Hutchins

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** (STATE OR COUNTRY) Texas Co

**14. INFORMANT** Della Jacob  
(Address) Columbia Mo

**15. FILE NO.** 1632 **REGISTRAR** Ellis & Raabe

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Sept 18 1932

**17. I HEREBY CERTIFY, That I attended deceased from** Sept 11 1932 to Sept 18 1932  
that I last saw her alive on Sept 15 1932, and that death occurred, on the date stated above, at 5 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute exacerbation of Chronic  
Ileus Colitis

91 A  
170 **CONTRIBUTOR (SECONDARY)** Acute Endocarditis  
(duration) yrs. 7 mos. 8 ds.

(duration) yrs. 1 mos. 1 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH 1

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) Ellis & Raabe M. D.  
16 32 (Address) Janesboro Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Mt Zion Cemetery

**DATE OF BURIAL** 9/17 1932

**20. UNDERTAKER** William & Fred Meyer **ADDRESS** California

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.

