

AUG 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence
Township Mt. Vernon
City Mt. Vernon

Registration District No. 1470
Primary Registration District No. 5633
No. Missouri State San

File No. 27646
Registered No. 90
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Frank Clutter
(Usual place of abode) Charleburg Mo St. _____ Ward _____

Length of residence in city or town where death occurred yrs. 7 mos. 7 da. How long in U. S., if of foreign birth? yrs. _____ mos. _____ da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 5, 1909</u>		
7. AGE YEARS <u>28</u>	MONTHS <u>6</u>	DAYS <u>9</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</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>May 1936</u>
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo.

13. NAME Arthur Stewart Clutter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co Missouri

15. MAIDEN NAME Elizabeth Clutter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co Missouri

17. INFORMANT (ADDRESS) E. M. Michael
Mo State San

18. ~~BURIAL~~ CREMATION, OR REMOVAL PLACE Charleburg DATE Aug 13 1937

19. UNDERTAKER (ADDRESS) Fonell Funeral Home
Mt. Vernon Mo.

20. FILED Aug 12 1937 P. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1937, to Aug 12 1937.

I last saw h. a. m. alive on Aug 12 1937. Death is said to have occurred on the date stated above, at 2:45 P. m.

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

Pulmonary T.B. Date of onset 2 1/2 yrs

Other contributory causes of importance: 73

Tubercular meningitis July 37

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) P. H. Bunde, M. D.
(Address) Mt. Vernon, Mo.

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.

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