

Dr. R. Green
Do not use this space.

FEB 24 1936

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

2636

1. PLACE OF DEATH
 County Ray Registration District No. 744
 Township Richmond Primary Registration District No. 3035
 City Richmond (No.) St. Ward
 2. FULL NAME Mrs Sarah Elizabeth Tutter
 (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 white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry G. Tutter
 7. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 25, 1854
 8. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 4 18
 9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife
 11. 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) Ray County, Missouri
 13. NAME William W. Marshall
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cascade
 15. MAIDEN NAME Elizabeth Kavanaugh
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 17. INFORMANT (ADDRESS) Mr. Henry Tutter, Richmond, Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE Shelby Place DATE January 15, 1936
 19. UNDERTAKER (ADDRESS) J. M. Mabury, Richmond, Missouri
 20. FILED 2-10-36 E. G. Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 13, 1936
 22. I HEREBY CERTIFY That I attended deceased from Jan 12, 1936 to Jan 12, 1936
 I last saw h. alive on , 1936 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:
Sudden death, dead when I reached the house, found a popliteal aneurysm
 Date of onset
 Other contributory causes of importance:
Aristic for 5 years by arteriosclerosis
 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 , 1936
 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) H. G. Green, M. D.
 (Address) Richmond, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

