

24 1929

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

Do not use this space.

31660

1. PLACE OF DEATH
 County Randolph Registration District No. 735
 Township Moberly Primary Registration District No. 3034
 City Moberly (No. 116 No. 70 Unit) St. _____ Ward _____

2. FULL NAME John C. Clute
 (a) Residence No. 716 N. No. 1st St. _____ Ward _____
 (Usual place of abode)
 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. _____

File No. _____
 Registered No. 189
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR, OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Clute
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25th 1885
 7. AGE YEARS 44 MONTHS 2 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Butcher
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28th 1929
 17. I HEREBY CERTIFY, That I attended deceased from July 31, 1929, to Sept 28, 1929, that I last saw him alive on Sept 28, 1929, and that death occurred, on the date stated above, at 2:15 a. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
addison's disease
63 (duration) yrs. 3-6 mos. ds.
 CONTRIBUTORY (SECONDARY) 2nd anemia
 (duration) yrs. 6 mos. ds.
 18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? H.C. Griffith M. D.
 (Signed) 9-30th 1929 (Address) Moberly Mo

9. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY) _____
 10. NAME OF FATHER John H. Clute
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ind.
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Vera Chase
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.
 (STATE OR COUNTRY) _____

14. INFORMANT Mrs Anna Clute
 (Address) Moberly Mo

15. FILED 10/2 1929 Dr. Theo. S. Fleming
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Moberly Mo DATE OF BURIAL 9-30th 1929

20. UNDERTAKER Marion Moberly ADDRESS Moberly 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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