DEC 23 1930

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

Do not use this space.

38285

1. PLACE OF DEATH
County Sullivan — Registration District No. 853 — File No.
Township Clay — Primary Registration District No. 6116 — Registered No. 14
City (No. St. Ward)

2. FULL NAME Vita E. Cutsinger
(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 20 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 26 1908

7. AGE: Years 22 — Months 6 — Days 8 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Humphry
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER James F Cutsinger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Winterville
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Josie Carpenter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Quincy
(STATE OR COUNTRY) Illinois

14. INFORMANT Josie Cutsinger
(Address) Newtown Mo

15. FILED 11-6, 1930 A. W. Weidner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930, to Nov - 4th, 1930 that I last saw her alive on Nov 4, 1930, and that death occurred, on the date stated above, at 1:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis Right & Left Lung
23 A (duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) 31
(duration) yrs. 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? Physical Lab & History
(Signed) C. J. Laws, M. D
11-6, 1930 (Address) Princeton 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~~ Newtown Cemetery — DATE OF BURIAL 11-6, 1930

20. UNDERTAKER Otto H. Reed — ADDRESS Newtown 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.