

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

Do not use this space.

9037

1. PLACE OF DEATH

54 County Lafayette Registration District No. 461
6 Township Primary Registration District No. 3024
4 City Springton (No.) St. Ward)

File No. 26
Registered No.

2. FULL NAME

Edward Tuth
(a) Residence. No. 205-So-23rd St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug.-18-1881.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	50	6	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Coal miner
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Southwestern Coal Mining Co.

9. BIRTHPLACE (CITY OR TOWN) Clinton, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Chas Tuth

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

12. MAIDEN NAME OF MOTHER Lizzie White

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pleasant Hill, Mo.
(STATE OR COUNTRY)

14. INFORMANT W.C. Co. & ins Tuth
(Address) 205-So.-23rd St.

15. FILED Mar 14 1932 J.H. Redwood REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 14th 1932

17. I HEREBY CERTIFY, That I attended deceased from No physician or other doctor
that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Died suddenly after complaining of shortness of breath several days. Probably some heart affection.

CONTRIBUTORY (SECONDARY) Drinking bad whiskey
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Mo.

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF 1

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J.H. Redwood M. D.

Mar 14 1932 (Address) Springton, 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 C. I. 513, Mo. DATE OF BURIAL 3/16 1932

20. UNDERTAKER Johnson & Johnson ADDRESS Springton, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 27 1932

