

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

Do not use this space.
JUL 28 1936
23469

1. PLACE OF DEATH

County Linn Registration District No. 498 File No. 14
Township Bucklin Primary Registration District No. 5663 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

James Marion Tuttle
(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 7 21
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. 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) Davies Co Mo

FATHER 13. NAME George Tuttle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Elija Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Sam Tuttle (ADDRESS) Bucklin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bucklin Mo DATE June 20, 1936

19. UNDERTAKER C. A. Farson (ADDRESS) Bucklin Mo

20. FILED 6-19 1936 J. L. Cantwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1934 to June 18, 1936
I last saw him alive on June 18, 1936 Death is said to have occurred on the date stated above, at 11:45 P.M.

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

Coronary occlusion (Thrombosis) Date of onset 6/18/36

Other contributory causes of importance:
Angina Pectoris
Chr. Myocarditis
Chr. Nephritis (Int.)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No.

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) W. L. Bryan, M.D.
(Address) Bucklin Mo

