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

Do not use this space.

JUL 26 1937

File No. 23051

Registered No. 8

1. PLACE OF DEATH

County: Andrew

Township: Rochester

City: ~~Near~~ Helena (No. ..... St. ..... Ward)

Registration District No. 16

Primary Registration District No. 5020

2. FULL NAME: Jesse M. Cutler

(a) Residence: No. Farm St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

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: Mrs. Mary Cutter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 26-1854

7. AGE: Years 83 Months 2 Days 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

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): Shelby co Ill

FATHER

13. NAME: unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: Mathias

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown unknown

17. INFORMANT (ADDRESS): W. M. Cutler Helena Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Helena DATE: June-9-1937

19. UNDERTAKER (ADDRESS): J. Fred Terhune Savannah Mo

20. FILED: June 8 1937 Lora E. Frank, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June-7-1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to June 7, 1937

I last saw him alive on June 7, 1937. Death is said to have occurred on the date stated above, at 1:05 p.m.

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

	Date of onset
Myocardial Failure	May 21/14 37
Chronic degenerative myocarditis	

Other contributory causes of importance: 93C

Name of operation: none Date of: —

What test confirmed diagnosis? clinical 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) James H. Nichols, M. D.

(Address) Helena, 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.