

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

Do not use this space.

37638

29 1928

1. PLACE OF DEATH
 County Moniteau Registration District No. 571
 Township California Primary Registration District No. 4335
 City California (No.) St. Ward (....)

2. FULL NAME Hannah Elizabeth Nuttli
 (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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 18 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 10 21

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work 928
 (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) May 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1926, to Nov 9, 1928 that I last saw h. e. alive on Nov 8, 1928, and that death occurred, on the date stated above, at 8 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral & tricuspid
90A (duration) 0 yrs. 0 mos. 0 da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

10. NAME OF FATHER Bentley

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

12. MAIDEN NAME OF MOTHER Anderson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Switz

14. INFORMANT Eugene Nuttli (Address) California

15. FILED Nov 10 1928 John Root REGISTRAR

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. P. Bensch, M. D.
1110, 1928 (Address) California, Cal

*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 DATE OF BURIAL
Rausch cemetery 11-11 1928

20. UNDERTAKER ADDRESS
Wm. & Son California

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.

