

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15368

File no. _____

Registered No. 53

1. PLACE OF DEATH

County Muhlenberg

Vet. Pct. _____

Inc. Town _____

City GreenvilleRegistration District No. 1093Primary Registration District No. 2436(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Oliver Wendell Tutt IF VETERAN, WHAT WAR? _____(a) Residence. No. Rhodes Neighborhood - Greenville, Ky. (If nonresident, give city or town and State)Length of residence in city or town where death occurred yrs. 6 mos. 14 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) Baby5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Baby6. DATE OF BIRTH Dec. 1, 19377. AGE Years _____ Months 6 Days 14 If LESS than 1 day.....hrs. or.....min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE Greenville, Ky.13. NAME Marcellus Tutt14. BIRTHPLACE Greenville, Ky.15. MAIDEN NAME Margaret Walls16. BIRTHPLACE Greenville, Ky.17. INFORMANT Marcellus Tutt(Address) Greenville, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenville, Ky. Date June 10, 193819. UNDERTAKER Eugene S. Elliott(Address) Greenville, Ky.20. FILED 6-15-38 R. B. Coulter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 14, 193822. I HEREBY CERTIFY, That I attended deceased from June 10, 1938 to June 13, 1938I last saw him alive on June 13, 1938, death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows:Colitis Date of onset _____

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____ If so, specify _____

(Signed) J. Woodburn M. D.(Address) Greenville, Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.