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

Do not use this space.

35032

File No. .....

Registered No. 235

1. PLACE OF DEATH
County St Louis
Township Richmond Heights (No. St. Mary's Hosp Ward)

Registration District No. 1170
Primary Registration District No. 6248 H

2. FULL NAME Leandrie Maria Tufts

(a) Residence. No. 642 Wallewood Pl Webster Groves Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF Wm H. Tufts

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 6 1853

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76	—	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Chelsie
(STATE OR COUNTRY) Mass

PARENTS

10. NAME OF FATHER James H Taylor
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Nova Scotia
12. MAIDEN NAME OF MOTHER Maria Louise Gold
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Maine

14. INFORMANT Clara L. Tufts.
(Address) Webster Groves. Mo.

15. FILED 10/7 1929 C. L. Jenaire REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10 - 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1928 to 10/5 1929 that I last saw h. alive on 10/5 1929 and that death occurred, on the date stated above, at 7:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
131
82A
97 (duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis & Interstitial nephritis (duration) 15 yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Lab & Clinical Findings

(Signed) W. D. Lynn M. D.
, 19 (Address) Kirkwood 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	DATE OF BURIAL
Everett Mass	Oct 9 1929
20. UNDERTAKER	**ADDRESS**
Parker Hurd Co	Webster Groves

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr Durham