

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

Do not use this space.

41328

**1. PLACE OF DEATH**

County Livingston  
Township Chillicothe  
City Chillicothe (No. \_\_\_\_\_)

Registration District No. 508  
Primary Registration District No. 3026

File No. \_\_\_\_\_  
Registered No. 125  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Margaret Tuttle  
(a) Residence. No. 1104 Patton 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. M. Tuttle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 15 - 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 1 7

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

Ind

**10. NAME OF FATHER**

Abe Rash

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

Carolina

**12. MAIDEN NAME OF MOTHER**

don't know

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

Carolina

**14. INFORMANT (Address)**

C. A. Tuttle  
Trenton Mo.

**15. FILED**

12-24-29 R. Barney  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22 1929

17. HEREBY CERTIFY, That I attended deceased from Sept 15 1929 to Dec 22 1929 that I last saw her alive on Dec 21 1929, and that death occurred, on the date stated above, at 10:30 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Sarcoma of right thigh  
23E  
73C

**CONTRIBUTORY (SECONDARY)**

Chronic myocarditis  
(duration) \_\_\_\_\_ yrs. 4 mos. \_\_\_\_\_ da.  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) R. Barney, M. D.

12/23 1929 (Address) Chillicothe, 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**

Maple Grove

**DATE OF BURIAL**

12/24 1929

**20. UNDERTAKER**

Gipson Funeral Home

**ADDRESS**

Trenton 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.

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

