

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

Do not use this space.

8752
1430

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township 1st Primary Registration District No. 1002
City Kansas City (No. 3548) Agnes

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mrs Marcia Rose Tuttle
(a) Residence. No. 3548 Agnes St. 16 Ward. _____
(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. _____
(If nonresident, give city or town and State)

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 Frederick Carlton Tuttle *died Mar 30 1919*
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27 - 1854
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 2 14

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

9. BIRTHPLACE (CITY OR TOWN) Canada
(STATE OR COUNTRY) New York

10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Miss Lula M. Tuttle
(Address) 3548 Agnes

15. FILED 3/13, 1930 M. In. Crowe REGISTRAR
ass

MEDICAL CERTIFICATE OF DEATH

4 Tuesday
16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11 1930
17. I HEREBY CERTIFY, That I attended deceased from May 21 1928 to March 11 1930
that I last saw h. l. alive on March 11 1930, and that death occurred, on the date stated above, at 12:28 P.M.
THE CAUSE OF DEATH* was AS FOLLOWS:
Cerebral hemorrhage -
57
93C
82A (duration) yrs. mos. ds. 1 mos. 11 ds.
CONTRIBUTORY (SECONDARY) Diabetes 2 years -
myocarditis (duration) yrs. mos. ds. _____
arterio sclerosis - indefinite

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? Physician's examination
(Signed) H. B. White M. D.
Feb. 1930 (Address) 920 Olive St. Kansas City

*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 Mt Washington DATE OF BURIAL Mar. 13 1930

20. UNDERTAKER Eglar Funeral Home ADDRESS 1800 Linwood

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.

2
31

W. L. ...
Thompson ...
L. H. ...
W. H. ...
C. ...
W. C. ...

303

...ability
...
...

✓