

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

Do not use this space.

30120

399

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. 430 W 68th)

Registration District No. 1002
Primary Registration District No. 1002

File No. _____
Registered No. 3928
St. _____ Ward _____

2. FULL NAME

Mrs. Anna Tutt Mackie

(a) Residence No. 430 W 68th St. 8 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 35 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 Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF A. W. Mackie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 17-1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 . 8 . 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) Lexington
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Frank K. Tutt

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

12. MAIDEN NAME OF MOTHER Irvine Wark

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

14. INFORMANT A. W. Mackie
(Address) 430 W 68th St.

15. FILED 9/25 1930 M. M. Brown
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 24 1930 to Sept 24 1930 and that I last saw him alive on Sept 22 1930 at 3 PM and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute uraemia

131
99
12/25 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Chronic nephritis
(SECONDARY) arteriosclerosis
(duration) 8 or 9 yrs. _____ mos. _____ ds.

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

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) Sto P. Hengel M. D.
Sept 24 1930 (Address) 900 N. 11th St.

*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 Sept 27 1930

20. UNDERTAKER W. W. Newcomer ADDRESS St. Louis, 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.

