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

Do not use this space.

APR 24 1933

1. PLACE OF DEATH
County ~~Jackson~~ Clay — Registration District No. 197
Township ~~Kaw~~ Gallatin — Primary Registration District No. 5276
City ~~No.~~ Kansas City (No. 2012 Erie St. N. K. C. Mo. St. Ward)

File No. 8875
Registered No.

24 7 4

2. FULL NAME Agnes Bushnell Tuggle

(a) Residence, No. 2012 Erie St. No. Kansas City, Ward Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 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 | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF V. K. Tuggle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1880

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 52 | 6 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME Albert Bushnell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connecticut

MOTHER

15. MAIDEN NAME Margaret Curle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT V. K. Tuggle
(ADDRESS) 2012 No. Erie St., No. Kansas City, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Mt. Washington DATE 3-17 1933

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Place

20. FILED Mar 15 1933 John L. Morton
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1933, to Mar. 15, 1933, 19..... I last saw him alive on Mar. 15, 1933, 19..... Death is said to have occurred on the date stated above, at A. m. 5

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia of the entire right lung. | 3/10.33 |
| 108 | |

Other contributory causes of importance: 108

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? N
If so, specify

(Signed) H. O. Lienhard, M. D.
(Address) North Kansas City, Mo.

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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Zo K. C. Dagg