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.

JUN 12 1937

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

Do not use this space.

File No. 19072

Registered No. 21.003

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: Kaw — Primary Registration District No. 1002

City: Kansas City (No. 450 W. 68th St. 2 Ward)

2. FULL NAME Franklin Kownslar Tutt

(a) Residence, No. 450 W. 68th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 46 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophie I. Tutt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1852

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
84	5	14	

OCCUPATION

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

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) March 1937 — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Versailles Mo.

FATHER

13. NAME John Tutt

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

MOTHER

15. MAIDEN NAME Ann T. Thornton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Booneville Mo.

17. INFORMANT Mrs. Sophie Tutt
(ADDRESS) 450 W. 68th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE May 19, 1937

19. UNDERTAKER D.W. Newcomer's Sons
(ADDRESS)

20. FILED May 18 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to May 18, 1937

I last saw him alive on May 18, 1937. Death is said to have occurred on the date stated above, at 9:30 A.M.

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

	Date of onset
Oedema of Lungs	5/17/37
Sudden Drop of Blood pressure from 190 to 150	May 17 1937
(106 B)	

Other contributory causes of importance: Arteriosclerosis several years / Bronchitis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

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? No

If so, specify.

(Signed) Geo F. Harrel M. D.

(Address) 900 Rialto Bldg

Rialto Bldg.