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.

JAN 17 1938

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

Do not use this space.

44350

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 5253

City Kansas City (No. 3723 College St. Ward)

2. FULL NAME Mrs. Jane Webb Tutt

(a) Residence, No. 3723 College St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Presley Tutt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23, 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
71	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 2-33
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) Lafayette County Mo.

FATHER

13. NAME Dr. William C. Webb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Martha Helen Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) William Presley Tutt 3723 College

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Dec. 27, 1937

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

20. FILED 12-27, 1937 M M Crowe Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1937, to Dec. 24, 1937

I last saw her alive on Dec. 23, 1937. Death is said to have occurred on the date stated above, at 8:40A.

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

	Date of onset
Cerebral Hemorrhage	12-23-37
2, W	

Other contributory causes of importance:

Hypertension	about 1925

Name of operation — 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? No

If so, specify

(Signed) Harold M. Roberts, M. D.

(Address) 1103 Grand Ave., K. C., Mo.