

REC'D AUG 8 1938

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

24216

Do not use this space.

2721

Registered No.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 1002  
 (b) Township Kaw Primary Registration District No. \_\_\_\_\_  
 (c) City Kansas City, Mo. (d) Street No. 1111 Baltimore St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Catherine Tustin

(a) Residence, No. 1111 Baltimore St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
James R. Tustin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1862

7. AGE YEARS 76 MONTHS 4 DAYS 24 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as 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) Pa13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa17. INFORMANT Mrs. L. O. Crooker,  
(ADDRESS) 1220 Walnut, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Washington DATE July 6, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) C. H. Blackman & Son, Inc.  
City20. FILED 7-6-38 M. M. Crowe  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1938, 19

22. I HEREBY CERTIFY, that I attended deceased from June 25 1938, to July 4, 1938.  
 I last saw her alive on July 3, 1938. Death is said to have occurred on the date stated above, at 12:30 m. PM  
 The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis et  
930

Other contributory causes of importance

Arterio-sclerosis  
advanced

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Rebuty 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) W. J. Giel M. D.(Address) 927 29th St

Vic 8665

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**