

PLACE OF DEATH

County Montgomery
 Township DD.
 or
 Village _____
 or
 City _____ (HO. _____ St. _____ Ward _____)

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

582

13281

Registration District No.

File No.

Primary Registration District No.

Registered No.

FULL NAME

Tiara Marie, Birchfield

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W SINGLE, MARRIED, WIDOWED OR DIVORCED Single
 (Write the word)

DATE OF BIRTH

March 26, 1914
 (Month) (Day) (Year)

AGE

IF LESS than
 1 day, ____ hrs.
 or ____ min.?

____ yrs. ____ mos. 14 ds.

OCCUPATION

(a) Trade, profession, or particular kind of work

Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

Montgomery city mo

NAME OF FATHER

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed

Apr 25, 1914

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

April 23, 1914
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr. 13, 1914, to Apr 23, 1914, that I last saw her alive on Apr. 21, 1914, and that death occurred, on the date stated above, at 10:08 m.

The CAUSE OF DEATH* was as follows:

Sepsis from Mucous1610152

(Duration) ____ yrs. ____ mos. 14 ds.

Contributory

(SECONDARY)

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed)

E. W. Tinsley

M. D.

Apr 25, 1914 (Address) Montgomery city

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death?

Former or usual residence.

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Montgomery county4/25, 1914

UNDERTAKER

ADDRESS

C. W. Hagkima - Montgomery mo

PLACE OF DEATH

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

County _____

Township _____ or _____ File No. _____

Village _____ or _____ Primary Registration District No. _____ Registered No. _____

City _____ (NO. _____) St. _____ Ward _____

(If death occurred hospital or institution give its NAME in full of street and number _____)

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH		
(Month) _____ (Day) _____ (Year) _____		IF LESS than 1 day, _____ hrs. or _____ min.?
AGE	_____ yrs. _____ mos. _____ ds.	_____ (Month) _____ (Day) _____ (Year)

OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE
(City or town, State or foreign country)

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

_____, 191____, to _____, 191____, 191____, 191____ (Month) _____ (Day) _____ (Year)

I HEREBY CERTIFY, that I attended deceased _____, 191____, to _____, 191____, 191____, 191____ that I last saw him alive on _____, 191____, 191____ and that death occurred, on the date stated above, at _____ The CAUSE OF DEATH was as follows:

(Duration) _____ yrs. _____ mos.

Contributory (SECONDARY)

(Duration) _____ yrs. _____ mos.

(Signed)

191____ (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS