

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

Do not use this space.

15902

1. PLACE OF DEATH

County Linn Registration District No. 651 File No. _____
 Township Little Chase Primary Registration District No. 4388 Registered No. 638
 City Caruthersville (No. _____) St. _____ Ward _____

2. FULL NAME Charles A. Tistadt

(a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. If MARRIED, WIDOWED, or DIVORCED HUSBAND or (or) WIFE of Mrs. Laura Tistadt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 6, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 7

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Cincinnati
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Chas Tistadt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lovina Barmour

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Madison
 (STATE OR COUNTRY) Indiana

14. INFORMANT Hugh Tistadt
 (Address) Caruthersville, Mo

15. FILED Jan 7, 1927 Ada Montrose
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1927

17. I HEREBY CERTIFY That I attended deceased from Nov 1925 to May 13 1927 that I last saw him alive on May 12 - 1 1927 and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
myocardial & cancer of mouth & throat

CONTRIBUTORY (SECONDARY) 43
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. B. Quinn M. D.
 (Address) Caruthersville Mo

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Little Chase cemetery DATE OF BURIAL May 15 1927

20. UNDERTAKER J. L. L. George ADDRESS Caruthersville Mo

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.

