JUL 24 1928

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

Do not use this space. 20083

Dr Berry.

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125 — File No. 1126
Township " " — Primary Registration District No. 2009 — Registered No.
City " " (No. , St. Ward)

2. FULL NAME Sarah Maranda Tisdale

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 1 - 1845

7. AGE: 82 YEARS, 7 MONTHS, 12 DAYS. If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Co.

PARENTS
10. NAME OF FATHER: Wm. Hitt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Co
12. MAIDEN NAME OF MOTHER: M. Cox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Co

14. INFORMANT: Green Tisdale
(Address) Cape Girardeau Mo

15. FILED 6/13, 1928 W C Kaempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): June, 13 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to June 3, 1928 that I last saw her alive on June 3, 1928, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Liver
46E
92A (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Valvular heart disease
44B (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) J W Berry, M. D
, 19 (Address) Cape Girardeau

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bennie Hitt Cem — DATE OF BURIAL: June 14 1928

20. UNDERTAKER: Walther Und. Co — ADDRESS: Cape Girardeau

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.