L 25 1928

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

Do not use this space.

20408

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township — Primary Registration District No. 2001
City Springfield (No. 523 McElhaney St. Ward)

File No.
Registered No. 461

2. FULL NAME Josephine ~~Crawford~~ Timmons
(a) Residence. No. 523 McElhaney 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1924

7. AGE: Years 4 — Months Unknown — Days — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(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): La.

PARENTS
10. NAME OF FATHER: Chas. Tillman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): La.
12. MAIDEN NAME OF MOTHER: Middie Gibbs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): La

14. INFORMANT: Sylvia Crawford
(Address) 523 McElhaney

15. FILED 6-21 1928 O C Horst Mike REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 18 1928

17. I HEREBY CERTIFY, That I attended deceased from May 19, 1928, to June 18, 1928, that I last saw her alive on June 8, 1928, and that death occurred, on the date stated above, at 2 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
23A Pulmonary Tuberculosis
27A
31
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY): Tuberculosis of Bones
(duration) yrs. 3 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? Physical signs
(Signed) John W. William Jr., M. D
June 21, 1928 (Address) Springfield

*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: Hazelwood Cem — DATE OF BURIAL: June 21 1928

20. UNDERTAKER: W. P. Campbell — ADDRESS: 869 Wash.

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.

Rienhoff