26 192

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

Do not use this space.

H.M. Grace 5 08

1. PLACE OF DEATH

County Livingston — Registration District No. — File No. 27839

Township Reeve Hill — Primary Registration District No. 5685 — Registered No. 88

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Lucy Ann Tull

(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. 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11 - 1830

7. AGE: Years 98 — Months 1 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Clay Co. Mo.

PARENTS

10. NAME OF FATHER: Robert Clark.

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

12. MAIDEN NAME OF MOTHER: Gallie Long

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: J. R. Tull
(Address) Chillicothe Mo. R 5

15. FILED 8-26, 1928 — R. Barney, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 1-28 Aug. 1, 1928, to Aug. 25, 1928 that I last saw her alive on Aug. 20, 1928, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Herpes Zoster

15

162 (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) 98 years of this life

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no. DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? examination

(Signed) H. M. Grace, M. D

8-26, 1928 (Address) Chillicothe - Mo

*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: McFall Mo. — DATE OF BURIAL: 8-27 1928

20. UNDERTAKER: F. B. Norman — ADDRESS: Chillicothe 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.