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

Do not use this space.

21249

1. PLACE OF DEATH

County: Greene — Registration District No.: 418

Township: S. Campbell — Primary Registration District No.: 5420

City: Springfield Mo (No.) 5 Campbell St Road (St.) (Ward)

Registered No.: 459

2. FULL NAME: Nancy L. Tadlock

(a) Residence. No. 5 Campbell Street Road (Usual place of abode) Ward

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fmal

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joel Tadlock

6. DATE OF BIRTH (MONTH, DAY AND YEAR): December 4 1859

7. AGE: Years 69 | Months 6 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Mo (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Martin Rechers

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

12. MAIDEN NAME OF MOTHER: Sarah Austin

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

14. INFORMANT: Mrs Dr Turner (Address) Springfield Mo

15. FILED: 6-16-, 1929 Lou Stark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 14 1929

17. I HEREBY CERTIFY, That I attended deceased from April 22, 1929, to June 14, 1929; that I last saw her alive on June 14, 1929, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

92 A

102

(duration) yrs. 2 mos. 2 ds.

CONTRIBUTORY (SECONDARY): High blood pressure

(duration) yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? Home

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Wm L Turner, M. D.

6/15, 1929 (Address) Springfield 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: Belmont Mo — DATE OF BURIAL: June 16 1929

20. UNDERTAKER: M M Schmeyer — ADDRESS: Springfield 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.

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