

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

Do not use this space.

39768

PLACE OF DEATH

County Jasper Registration District No. 408
Township Marion Primary Registration District No. 3020
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Carl Z. Tatum, Jr.

(a) Residence No. 703 Fulton 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 10th 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
0 0 0

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) Cornhope
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Carl Z. Tatum

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

12. MAIDEN NAME OF MOTHER Rachael A. Cooper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Parisville
(STATE OR COUNTRY) Missouri

14. INFORMANT Carl Z. Tatum
(Address) 703 Fulton St.

15. FILED 12/10 1935 C. D. NeKshaw
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10th 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 10 1930, to Dec 10 1930, that I last saw him alive on Dec 10 1930, and that death occurred, on the date stated above, at 4:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Difficult Instrumental delivery (cord twisted)
160 lb (duration) one hour yrs. mos. ds.
1590

CONTRIBUTORY (SECONDARY) Maternal pelvis deformities
(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? clinical
(Signed) E. D. Hatcher M. D.

, 19 (Address) 338 Grant

*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 Oak Hill Cemetery DATE OF BURIAL 12/10 1930

20. UNDERTAKER Ulmer - Drake Parthog ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Hatcher

MAY 20 1935

