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.

MAR 24 1932

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

Do not use this space.

5512

1. PLACE OF DEATH

72 County New Madrid Registration District No. 55 File No. 9

Township Anderson ~~Primary~~ Registration District No. 4362 Registered No. 942

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

2. FULL NAME Tellie Valentine

(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) widow

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

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

7. AGE 22 YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 235

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

FATHER

13. NAME John Valentine

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill 2

MOTHER

15. MAIDEN NAME McMullen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) W. M. Fitzgerald

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maiden DATE Feb 6 1932

19. UNDERTAKER (ADDRESS) None

20. FILED Mar 10, 1932 M. V. Mumma Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932, to Feb 5, 1932

I last saw her alive on Jan 28, 1932. Death is said to have occurred on the date stated above, at 10 30 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary T.B. Date of onset six months ago.

23a 23

Other contributory causes of importance: (1)

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. E. Ellis, M. D.

(Address) Anderson Mo