

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 3 1933

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

Do not use this space.

2687

1. PLACE OF DEATH

81 County Phelps Registration District No. 677
2 Township Rolla Primary Registration District No. H403
4 City Rolla (No. _____) St. _____ Ward _____

File No. _____
Registered No. 5

2. FULL NAME James Cliver Tector

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20, 1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>16</u>	<u>2</u>	<u>24</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St Joseph
(STATE OR COUNTRY) Mo

FATHER
13. NAME Alfred Tector

14. BIRTHPLACE (CITY OR TOWN) DoCalb Co
(STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Myrtle V. King

16. BIRTHPLACE (CITY OR TOWN) Dont Know
(STATE OR COUNTRY)

17. INFORMANT Mrs Minnie Haley
(ADDRESS) Bloomington Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Boulah, Mo DATE 1-16 1933

19. UNDERTAKER Null and Licklider
(ADDRESS) Rolla Mo

20. FILED Jan. 16, 1933 Jan. 7, 1933
Boyers Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13 1933

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1933 to January 13, 1933
I last saw him alive on January 13, 1933 Death is said to have occurred on the date stated above, at 4:15 pm.

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

Myocardial degeneration
9225 9225

Date of onset

Other contributory causes of importance:

Alcoholism

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1933

Where did injury occur? _____
(Specify city or town, county, and State)

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

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Alvin McFarland, M. D.

(Address) Rolla 770

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