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

Do not use this space.

18240

File No.

Registered No. 4448

1. PLACE OF DEATH

County

Registration District No. 701

Township

Primary Registration District No.

City St Louis (No. 2829, Laclede St. Ward)

2. FULL NAME Tallie Carter Liddell

(a) Residence, No. 2829 Laclede St., 22 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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: col

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 2, 1884

7. AGE: Years 48 | Months 5 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) (STATE OR COUNTRY): Mo

FATHER

13. NAME: George Young

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

MOTHER

15. MAIDEN NAME: Jennie Marley

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

17. INFORMANT: Alonzo Liddell
(ADDRESS) 2829 Laclede Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE May 22, 1933

19. UNDERTAKER: J W Hughes
(ADDRESS) 2620 Lawton

20. FILED ..., 19... J F Bredick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-18-1933

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1933, to May 18, 1933

I last saw him alive on May 18, 1933. Death is said to have occurred on the date stated above, at 3 P m.

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

	Date of onset
Cancer of uterus	5

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis: Clinical Path. Was there an autopsy?

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?
(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) G. T. Moore, M. D.

(Address) 8252 W. Jefferson

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.

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD