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 INKPAD. THIS IS A PERMANENT RECORD

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

Do not use this space. 1984

APR 25 1934

72.

PLACE OF DEATH

County New Madrid — Registration District No. 607 — File No.

Township Portage — Primary Registration District No. 5806 — Registered No.

City (No. , St.) Ward)

FULL NAME J.H.Tidwell

(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 male — 4. COLOR OR RACE White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov., 25th, 1861

7. AGE — YEARS 72 — MONTHS 1 — DAYS 8 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Too Old to farm

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) Florence Alabama

FATHER

13. NAME Joe Tidwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER

15. MAIDEN NAME Marriah Herrin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT (ADDRESS) Emma Tidwell Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Portageville, Mo DATE Jan., 2nd, 19 34

19. UNDERTAKER (ADDRESS) [illegible] Portageville, Mo.

20. FILED 2-10, 19 34 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 19 34

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 only one time, 19, to Dec 30-33, 19

I last saw h alive on Dec 29, 19 33. Death is said to have occurred on the date stated above, at 24 m.

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

	Date of onset
~~Mitral regurgitation~~	
Conflicting Pneumonia	

Other contributory causes of importance:
111 Nephritis
326
[illegible]

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, 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 a Reeves M. D.
(Address) Portageville Mo