

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.

Dr. Rowling

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County *Charleston, Mo*
Township *11*
City *11* (No. _____)

Registration District No. *566*
Primary Registration District No. *3030*

File No. *5763*
Registered No. *19*
St. _____ Ward _____

2. FULL NAME *Mary Tatum*

(a) Residence, No. *Charleston, Mo* 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 *F.*
4. COLOR OR RACE *W.*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *B. F. Tatum*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April, 16 - 1857*
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Keeper*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Data 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) *Cumberland, Ky*

13. NAME *William Nolan*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*

15. MAIDEN NAME *Martha Nolan*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*

17. INFORMANT *J. E. Tatum* *Charleston, Mo*
(ADDRESS)

18. BURIAL, CREMATION OR REMOVAL PLACE *Edwards* *2/6* *1934*

19. UNDERTAKER *Wm. N. Shelly* *Mo*
(ADDRESS) *1st. Prairie, Mo*

20. FILED *Feb 6th* *1934* *J. D. Brown*
Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/5* *1934*
22. I HEREBY CERTIFY, That I attended deceased from *1/28* *1934* to *2/5* *1934*
I last saw her alive on *2/5* *1934* Death is said to have occurred on the date stated above, at *40* *m.*
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia *1/28/34*
11 1/2
107 1/2
Other contributory causes of importance:
Infarction

Name of operation *none* Date of _____
What test confirmed diagnosis? *Cl. Sigmoid* Was there an autopsy? *no*

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 *E. Chas Rowling* M. D.
(Signed) *Charleston Mo.*
(Address)

