

MAY 25 1934

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

Do not use this space.

19301

File No. 164

Registered No. 164

1. PLACE OF DEATH

 County Washington Registration District No. 8080
 Township Milton? Primary Registration District No. 6180
 City (No. _____) St. _____ Ward _____

2. FULL NAME

Opal H. Tullock
 (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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25 1920
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
13 6 10

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) (STATE OR COUNTRY) Casper Co. Mo13. NAME E. W. Tullock14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co.15. MAIDEN NAME Ella M. Ferryman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cynthiana Mo17. INFORMANT (ADDRESS) E. W. Tullock18. BURIAL, CREMATION, OR REMOVAL PLACE Wright's DATE 5/6 193419. UNDERTAKER (ADDRESS) Wright's20. FILED May 7 1934 J. S. [unclear] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/5/34 193422. I HEREBY CERTIFY, That I attended deceased from May 2, 1934, to May 5, 1934I last saw her alive on May 3, 1934. Death is saidto have occurred on the date stated above, at 9:30 a.m.

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

Acute Pancreatitis

Date of onset

Other contributory causes of importance

Diabetes

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 _____, 1934

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) W. S. [unclear], M. D.(Address) Paris

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.

