

NOV 28 1934

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

Do not use this space.

36897

1. PLACE OF DEATH

County Jennings
Township Jackson
City Holland (No. _____)

Registration District No. 156
Primary Registration District No. 2281

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Martha Lizzie Tife
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) Holland (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 M 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 Marion Tife

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-20-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 9 9

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. 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) Ill.

MOTHER FATHER 13. NAME Elihu Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.

17. INFORMANT (ADDRESS) Marion Tife

18. BURIAL, CREMATION, OR REMOVAL PLACE Samperd DATE 10-3-34

19. UNDERTAKER (ADDRESS) German Undert Co
St. Louis, Mo.

20. FILED 11-22-1934 Sam Augauer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1934 to Oct 2, 1934
I last saw her alive on an Oct. 1st, 1934 Death is said to have occurred on the date stated above, at 10 A. m.

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

Broncho Pneumonia Date of onset 9-20-34

Other contributory causes of importance Senility

Name of operation Ch. & Sol. Date of _____
What test confirmed diagnosis _____ 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 _____

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? no.
If so, specify _____

(Signed) James P. Vickrey, M. D.
(Address) Steele, Mo.

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.

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