

MAR 4 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

7912

1. PLACE OF DEATH

County MonroeTownship WitchellCity Franklin City

(No.)

Registration District No. 903Primary Registration District No. 6812

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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)

Widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Sanford E. Tilton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 11, 1895

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

40024

OCCUPATION

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

Housewife

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)

1932

11. Total time (years) spent in this occupation

Allen Dale

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Allen Dale

13. NAME

John P. Wilson

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

Lafayette Co. Mo.

15. MAIDEN NAME

Malissa Bremer

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

Louis

17. INFORMANT

(ADDRESS)

Maxine Handrick

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Franklin City

DATE

Feb. 71935

19. UNDERTAKER

(ADDRESS)

John C. Dumble

20. FILED

Feb. 91935Franklin CityMo.Franklin CityMo.

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb-6-35

22. I HEREBY CERTIFY, That I attended deceased from

March 1, 1935 to Feb 5, 1935I last saw him alive on 2-5-35, 1935. Death is saidto have occurred on the date stated above, approx. noon.

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

Pneumonia of lungs

Date of onset

32

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

X-RayWas there an autopsy? W

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 1935

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)

J. H. H. H., M. D.

(Address)

Franklin City 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.

