

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

Do not use this space.

18663

JUN 4 1935

1. PLACE OF DEATH

County Scott
Township Barrywood
City Barrywood (No.)

Registration District No. 815
Primary Registration District No. 6064

File No.
Registered No. St. Ward

2. FULL NAME

Mary Roberta Tiffy
(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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Tiffy</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 13 - 1856</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>4</u>	DAYS <u>2</u>
IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u> </u> (c) Name of employer <u> </u>		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1935

17. I HEREBY CERTIFY, That I attended deceased from Mar 15 1935 to May 15 1935 that I last saw her alive on May 11 1935, and that death occurred, on the date stated above, at 10:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer Oesophagus

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) XO
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. J. Blodgett M. D.
, 19 (Address) Blodgett Ave

9. BIRTHPLACE (CITY OR TOWN) Ballard Ky
(STATE OR COUNTRY)

10. NAME OF FATHER Will Mabrey

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Lee

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ballard Ky
(STATE OR COUNTRY)

14. INFORMANT (Address) Bill Tiffy

15. FILED , 19 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Silent Hill Cem DATE OF BURIAL 5-16 1935

20. UNDERTAKER A. Hummel Jr. ADDRESS BLODGETT AVE

* 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.

T5 15 1935
1 - 13 1856

4 - 2 79

RECEIVED

JAN 20 1935

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

Do not use this space.

1. PLACE OF DEATH

County Scott
Township.....
City..... (No.)

Registration District No. 815
Primary Registration District No. 6064

File No.....
Registered No.....
St. Ward)

2. FULL NAME

Mary Robena Jiffy

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1935

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

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 4 2

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

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.....

Date of onset

Other contributory causes of importance:

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

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

13. NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)

15. MAIDEN NAME

Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury.....

Nature of injury.....

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE....., 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 5/20 1935 J. J. Mueller Registrar.

Crossed of Death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPERSEDED

18663

JUN 18 1955