

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

Do not use this space.

NOV 19 1935

32085

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township Cape Girardeau Primary Registration District No. 3009
 City Cape Girardeau No. 803 Independence St. Seventh Ward

2. FULL NAME

James McDuffy Tisdell
 (a) Residence No. Benton St. Mo Ward: Benton, Mo
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. One mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Mrs Lutie Tisdell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 24, 1863</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>9</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>life</u>
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) <u>July 1935</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pyersburg Tenn</u>		
13. NAME <u>Mr. John H. Tisdell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
15. MAIDEN NAME <u>Mrs R. Strickling</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
17. INFORMANT <u>803 Independence</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cape Girardeau Mo</u> DATE <u>Oct 18</u> 19 <u>35</u>		
19. UNDERTAKER <u>L.C. Displinghoff</u> (ADDRESS) <u>Capfer mo</u>		
20. FILED <u>10-16-35</u> <u>J.M. Thompson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/16 1935

I HEREBY CERTIFY, That I attended deceased from 9/10 1935 to 10/16 1935
 I last saw him alive on 10/16 1935 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:
Coronary Necrosis Date of onset 1918

Other contributory causes of importance: 40

Name of operation none 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 , 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
 (Signed) O. H. Henson M.D.
 (Address) Cape Girardeau 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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