

FEB 13 1936

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

Do not use this space.

4138

1. PLACE OF DEATH

County *Schuyler*
Township *Fabius*
City *Downing* (No.)

Registration District No. *802*
Primary Registration District No. *4481*

File No.
Registered No.
St. Ward)

2. FULL NAME

W. H. Tadlock (Wm Hutchinson)

(a) Residence, No. St. Ward.

(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 *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Eliza Alice Tadlock.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 28, 1854*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 4 7

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

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) *Scotland Co Tenn.*

13. NAME *Sewer Tadlock*

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

15. MAIDEN NAME *Elizabeth Cox*

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

17. INFORMANT (ADDRESS) *Mrs. W. H. Tadlock*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Downing Cemetery* DATE *Jan 17 1936*

19. UNDERTAKER (ADDRESS) *John A. Roberts*
At true mouth Downing, Mo.

20. FILED *Jan 16 1936* *J. B. Mages* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 16 1936*

22. I HEREBY CERTIFY That I attended deceased from *Jan 15 1936 to Jan 15 1936*
I last saw him alive on *Jan 15 1936* Death is said to have occurred on the date stated above, at *3:30 p.m.*

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

*General debility and
bad heart failure
due to slight myocardial
infarction a few days
before death*

Other contributory causes of importance:

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? *x* Date of injury *x*, 19*36*

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 *fell down in house*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify how? *J. C. Gerwig* M. D.

(Signed) *J. C. Gerwig* (Address) *Downing, 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.

