

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

Do not use this space.

4371

1. PLACE OF DEATH

County Adair

Registration District No. 4

Township Kirkville

Primary Registration District No. 3001

City Kirkville (No.)

St. Ward

2. FULL NAME

(a) Residence, No. 410 South Marion 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Harry Tummond

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-4-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 4 28

OCCUPATION

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

Home

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)

Frostburg Maryland

FATHER

13. NAME

Samuel Lichty

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

Pennsylvania

MOTHER

15. MAIDEN NAME

Margaret Wagner

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

Baden Baden Germany

17. INFORMANT (ADDRESS)

Mrs. G. Has Link Kirkville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest

DATE Feb. 5, 1936

19. UNDERTAKER (ADDRESS)

Dee Riley Kirkville Mo.

20. FILED

Feb. 6, 1936 Spencer Freeman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec., 1936 to Feb. 3, 1936

I last saw him alive on Feb. 3, 1936 Death is said to have occurred on the date stated above, at 3 P. m.

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

Cerebral hemorrhage - Arteriosclerosis,
930

Other contributory causes of importance:

Chronic myocarditis
Senility

Name of operation none Date of

What test confirmed diagnosis? terminal 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? No

If so, specify

(Signed) Spencer L. Freeman, M. D.

(Address) Kirkville, Mo.

