

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

Do not use this space.

AUG 31 1936

1. PLACE OF DEATH

County Vernon
Township Bacon
City Schell City, Mo. (No. _____)

Registration District No. 877
Primary Registration District No. 6165-

File No. 28659
Registered No. 14
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob B. Tedlock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 3 8

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

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) Ind

13. NAME William Eads

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

15. MAIDEN NAME Mary Lindsay

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

17. INFORMANT Ethel M. Beck

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany DATE July 19, 1936

19. UNDERTAKER F. Leonard & Son, Inc.

(ADDRESS) St. Joseph, Mo.

20. FILED July 18, 1936 Pearl Peters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1936

22. I HEREBY CERTIFY That I attended deceased from July 14, 1936 to July 16, 1936
I last saw her alive on July 16, 1936 Death is said to have occurred on the date stated above, at 1:20 m.

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

Fell on Floor of House and Date of onset July 14-36
injuring Hip

Other contributory causes of importance: Endocarditis 1934

Name of operation _____ 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 Accident Date of injury July 14, 1936

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

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

Manner of injury Fell on Floor

Nature of injury Bruised on Broken Hip

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) J.P. Colson M. D.
(Address) Schell 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.

