Rose of Hendrickson

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

Do not use this space.

SEP 18 1936

1. PLACE OF DEATH

County: Butler — Registration District No. 89 — File No. 30065

Township: — Primary Registration District No. 3007 — Registered No. 210

City: Poplar Bluff (No. Short Grand Ave. St. Ward)

2. FULL NAME: Edward Tidwell

(a) Residence, No. Short Grand Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 1, 1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
83	5	27	

OCCUPATION

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

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): Lawrence County Tenn.

FATHER

13. NAME: Silas Tidwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lawrence County Tenn.

MOTHER

15. MAIDEN NAME: Rachel McMasters

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

17. INFORMANT (ADDRESS): Letha Tidwell Poplar Bluff Mo

18. BURIAL, ~~CREMATION, REMOVAL~~
PLACE: City cemetery DATE: Aug. 30, 1936

19. UNDERTAKER (ADDRESS): Greer Funeral Service Poplar Bluff, Missouri

20. FILED 8/30 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1936, to Aug 28, 1936. I last saw him alive on Aug 28, 1936. Death is said to have occurred on the date stated above, at 8:33 m. P.M.

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

	Date of onset
Senility	
97	
Other contributory causes of importance: Arterio Sclerosis	—

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? 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) Alfred P. Perry, M. D.

(Address) Poplar Bluff 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.