

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

Do not use this space.

43828

1. PLACE OF DEATH

County BUCHANAN Registration District No. 85
 Township WASHINGTON Primary Registration District No. 1001
 City ST. JOSEPH, (No. 623 MT. MORA ROAD St. _____ Ward _____)

2. FULL NAME MARY FRANCES TULLOCH

(a) Residence, No. 623 MT. MORA ROAD St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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 James C. Tulloch MARRIED

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY 4, 1861

7. AGE YEARS 75 MONTHS 10 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

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

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) ROSENDALE, MO.

13. NAME JOHN YADER

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

15. MAIDEN NAME SARAH WILSON

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

17. INFORMANT JAMES C. TULLOCH, (ADDRESS) 623 MT. MORA, ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE SAVANNAH, MO. DATE DEC. 12, 1936

19. UNDERTAKER FLEEMAN & SON INC. (ADDRESS) 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED Dec 12 1936 J. J. Nestor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 12, 1936 '19

I HEREBY CERTIFY, That I attended deceased from November 2, 1936, to December 11, 1936

I last saw h. E.R. alive on Dec 11, 1936, 1936. Death is said to have occurred on the date stated above, at 12:15 A.M.

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

Cerebral apoplexy Date of onset 11/2/36

Other contributory causes of importance: Blood pressure and arterio sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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 _____, 1936

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) Perovich _____, M. D.
 (Address) King Hill Bldg. St. Joseph, 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.

