

FEB 17 1937

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

Do not use this space.

1796

1. PLACE OF DEATH

County Jasper
Township
City Alba (No., St. Ward)

Registration District No. 405
Primary Registration District No. 4237 9

File No.
Registered No. 2

2. FULL NAME Florence Agnes Tatum

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

Length of residence in city or town where death occurred 2 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Tatum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1890
7. AGE YEARS 46 MONTHS 8 DAYS 7 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. 233 1
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairplay, Mo. Missouri

13. NAME William H. Ford

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. C. R. Leedy (dau.) (ADDRESS) Altamont, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Hill Cemetery DATE Jan. 28, 1937

19. UNDERTAKER Ulmer Funeral Home (ADDRESS) Carthage, Missouri

20. FILED Jan-28 1937 Effie Green Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1937 to Jan 27 1937
I last saw him alive on Jan 26 1937 Death is said to have occurred on the date stated above, at 1:30am

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

Influenza - Bronchial Pneumonia
Other contributory causes of importance NO

Name of operation Obvial Obvial Date of op.
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) [Signature] M. D.
(Address) St. Louis, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

