

FEB 17 1937

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

Do not use this space.

6676

1. PLACE OF DEATH

County Jackson
Township Deane
City Rees Summit (No.)

Registration District No. 400
Primary Registration District No. 4235

File No.
Registered No. 27
St. Ward)

2. FULL NAME

(a) Residence, No. Victor H Tisdale St. Ward.
(Usual place of abode) Rees Summit, Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriet S Tisdale		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17-1873		
7. AGE YEARS 63	MONTHS 4	DAYS 16
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Saleman		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L		11. Total time (years) spent in this occupation. 76
10. Date deceased last worked at this occupation (month and year) 1934		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweet Springs Mo		
13. NAME A. J. Tisdale		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Va.		
15. MAIDEN NAME Martha E. Hunter		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Mo		
17. INFORMANT Chas. J. Stuever (ADDRESS) Rees Summit Mo		
18. BURIAL, CREMATION, OR REMOVAL PLACE Sweet Springs Mo DATE Feb 6-1937 FIELD'S FUNERAL HOME		
19. UNDERTAKER (ADDRESS) Rees Summit, Mo. Feb 6-1937 William J. Fields Registrar.		
20. FILED		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/13/37 19

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner to 19
I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Chronic schistosomiasis
Chronic bronchitis
Acute pulmonary edema
Other contributory causes of importance:
60 93C
Name of operation..... Date.....
What test confirmed diagnosis? Whisky 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, 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 of injury related to occupation of deceased?
If so, specify.....
(Signed) [Signature] M. D.
(Address) [Signature]

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.

