

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

Do not use this space.

7589

File No. 32
Registered No. 668
St. _____ Ward _____

1. PLACE OF DEATH
County Pettis Registration District No. 168
Township _____ Primary Registration District No. 3032
City Sedalia (No. _____, _____ St. _____ Ward _____)

2. FULL NAME Mrs. Iva B. Tindell
219 East 2nd St., _____ Ward _____
(a) Residence, No. _____ (Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF F.C. Tindell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 8

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Missouri

FATHER
13. NAME John Macon

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

MOTHER
15. MAIDEN NAME unknown

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

17. INFORMANT Mrs. Leah Helms
(ADDRESS) 1100 Benington, K.C., Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Lebanon DATE Feb. 6 1937

19. UNDERTAKER Duane Ewing
(ADDRESS) Sedalia, Mo.

20. FILED Feb 5 1937 Jess Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1936 to Feb 4 1937
I last saw her alive on Feb 4 1937. Death is said to have occurred on the date stated above, at 3:00 PM.
The principal cause of death and related causes of importance were as follows:

Atherosclerosis Date of onset _____

Other contributory causes of importance:
Arterio Sclerosis

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? _____ 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) Sedalia, 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.

Dr. Snavely