MAR 25 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Francois — Registration District No. 773 — File No. 7922
Township St. Francois — Primary Registration District No. 6018A — Registered No. 39
Near City Farmington, Mo. (No. ..., 11 St. ... Ward)

2. FULL NAME Grace Hampton Tisdel
(a) Residence, No. Blodgett, Missouri St. ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. R. Tisdel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1891

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
45	11	19	

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.
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) Grahamville Kentucky

FATHER
13. NAME W. D. Hampton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (Near) Atlanta Georgia

MOTHER
15. MAIDEN NAME Eliza Doyle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Paducah Kentucky

17. INFORMANT (ADDRESS) Hospital Records Farmington, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Blodgett, Mo. DATE February 14, 1937

19. UNDERTAKER (ADDRESS) Blodgett Merc. Co. Flodgett, Missouri

20. FILED Feb 14, 1937 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febraury 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from September, 1933, to February 13, 1937
I last saw her alive on February 13, 1937. Death is said to have occurred on the date stated above, at 6:50 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Praecox with chronic exhaustion and terminal massive broncho pneumonia	14-15 Yrs 1 Day

Other contributory causes of importance:
Chronic Pulmonary Tuberculosis fibrous probably inactive or slightly active

Name of operation none Date of no
What test confirmed diagnosis Clinical Lab 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? none (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) G. Tivis Graves, Jr., M. D.
(Address) State Hospital # 4 Farmington, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated. CITY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.