

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
Township St. Francois Primary Registration District No. 6018A
Near City Farmington, Mo. (No. 4) St. 1 Ward 4
File No. 7928
Registered No. 48

2. FULL NAME Oscar Jackson Tomerlin
(a) Residence, No. Malden, Mo. St. 1 Ward 4
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 19375A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Elizabeth Crites22. I HEREBY CERTIFY, That I attended deceased from April 23, 1936, to Feb 27, 1937I last saw him alive on Feb 26, 1937. Death is said to have occurred on the date stated above, at 3:30 a.m.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1872

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
36 64 3

Cerebral Hemorrhage (apoplexy) Date of onset 2-24-378. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Salesman

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

Other contributory causes of importance:

Generalized arteriosclerosis and previous stroke with general physical and mental deterioration12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin County Missouri13. NAME Noah Tomerlin14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME not known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known17. INFORMANT (ADDRESS) Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Malden, Mo. DATE March 1, 1937
Park Cemetery19. UNDERTAKER (ADDRESS) Craig Undertaker Malden, Missouri20. FILED Feb 27, 1937 J. J. Robinson RegistrarName of operation Date of operation
What test confirmed diagnosis? Clinical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 1937Where 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) P. S. Jeter M. D.
(Address) State Hoop #4 Farmington Mo

N.E.—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.

