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.

SEP 10 1937

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

Do not use this space.

29082

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo (No. Barnes Hosp St. ..... Ward)

File No. ..... Registered No. 7715

2. FULL NAME Robert Silas Tully

(a) Residence, No. ..... St., N R Ward. Vandalia Mo
(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 Male

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 Monica Tully

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 - 1889

7. AGE YEARS 48 MONTHS 7 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

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) Middletown Mo

FATHER

13. NAME C. D. Tully

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middletown Mo

MOTHER

15. MAIDEN NAME Minnie Hendershott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middletown Mo.

17. INFORMANT (ADDRESS) Clarence Tully Vandalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia Mo DATE Aug. 17 1937

19. UNDERTAKER (ADDRESS) W. Swaters Vandalia Mo

20. FILED AUG 16 1937 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 15 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 8 - 13 - 1937 to 8 - 15 - 1937

I last saw him alive on 8 - 15 - 1937. Death is said to have occurred on the date stated above, at 6:00 a.m.

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

	Date of onset
Bronchogenic Carcinoma	
Metastatic carcinoma to brain	

Other contributory causes of importance: 47C

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Leonard D. Tudor, M. D.

(Address) Barnes Hosp

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