

OCT 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County StoepRegistration District No. 842File No. 35491Township LincolnPrimary Registration District No. 0259

Registered No. _____

City _____

(No. _____)

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds.

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)

m

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFElysa Tichenor

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

Mar 9 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.816208. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Retired Farmer9. 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)

West Virginia

13. NAME

Joseph Tichenor

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

W Va

15. MAIDEN NAME

Nancy

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

E. J. TichenorElysa

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Masonic

DATE

10-1-37

19. UNDERTAKER

(ADDRESS)

Geo N. MontanoWagon

20. FILED

91301937Mr. E. D. Duguet

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

9-30-37

22. I HEREBY CERTIFY, That I attended deceased from

Jan, 1935, to Sep. 30-, 1937I last saw him alive on Sep. 27-, 1937. Death is saidto have occurred on the date stated above, at 12 noon

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

Cardio-vascular Renal diseaseDate of onset
1932

Other contributory causes of importance:

Name of operation

Date of _____

What test confirmed diagnosis? Clinical 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)

A. L. Terrell

, M. D.

(Address)

Crauel mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Ren

