

DEC 14 1937

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

Do not use this space.

40510

1. PLACE OF DEATH

County Adair  
Township Tishville  
City Tishville (No. \_\_\_\_\_)

Registration District No. 4  
Primary Registration District No. 3001

File No. \_\_\_\_\_  
Registered No. 209  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 601 E. Washington St. 4 Ward.

(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (Name of husband or (or) WIFE OF) Dr. G. A. Goben

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18-1849

7. AGE YEARS 88 MONTHS 9 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Greenville

13. NAME Edward Royell

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

15. MAIDEN NAME Tulia Ann Jackson

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

17. INFORMANT (ADDRESS) Jacob Fracher  
Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Nov. 6 1937

19. UNDERTAKER (ADDRESS) Summers & Church  
Tishville Mo.

20. FILED Nov 9 1937 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3 1937

22. I HEREBY CERTIFY, That I attended deceased from June 23 1937, to Nov. 3 1937.  
I last saw him alive on Nov. 3 1937 Death is said to have occurred on the date stated above, at 8 p. m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Intestinal Influenza  
Other contributory causes of importance: ABC

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical 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? No  
If so, specify Guo. F. Sured M. D.  
(Signed) \_\_\_\_\_ (Address) Tishville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

