

DEC 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Barber
Township Ash Hill
City Quincy

Registration District No. 92
Primary Registration District No. 5134B

File No. 40792
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. "Baby" Tison
(Usual place of abode) Quincy, Mo. R#1 St. Ward _____

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0 30

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) Quincy, Mo. R#1

13. NAME Era Elbert Tison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassidy, Ark.

15. MAIDEN NAME Era Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Datto, Ark.

17. INFORMANT (ADDRESS) Era Elbert Tison Quincy, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clark Cemetery DATE Nov. 29, 1937

19. UNDERTAKER (ADDRESS) None

20. FILED 12-11-37 Scott Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1937, to Nov. 29, 1937. I last saw him alive on Nov. 29, 1937. Death is said to have occurred on the date stated above, at 2:30 m. The principal cause of death and related causes of importance were as follows:

Premature - 6 1/2 months
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Other contributory causes of importance: Placenta, Premature detachment
Date of onset _____

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? No
If so, specify _____
(Signed) Frederic Lawrence I, M. D.
(Address) Poplar Bluff, Mo.

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

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