DEC 17 1937

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

Do not use this space. 41250

Dr C B Ellis

1. PLACE OF DEATH
County Greene
Township
City Springfield (No. 1371 Roanoke St. Ward)
Registration District No. 318
Primary Registration District No. 2001
File No.
Registered No. 1053

2. FULL NAME George Hayestan Tulloch
(a) Residence, No. 1371 Roanoke St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 90
4. COLOR OR RACE White Male
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jul 13 1847

7. AGE YEARS 90 MONTHS 4 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel Pro
10. Date deceased last worked at this occupation (month and year) Maryville Ten
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ten

FATHER
13. NAME James Tulloch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Mary Best
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Mrs Kathryn Parsons 1371 Roanoke

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Press DATE Oct 7 1937

19. UNDERTAKER (ADDRESS) Herman Rohmeyer Gen Hill Mo

20. FILED Nov 6 1937 Chas A George Mo Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4th, 1937

22. I HEREBY CERTIFY, That I attended deceased from about one year, 19..., to ..., 19...
I last saw him alive on Nov 3, 1937 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Hypertension Chronic
Myocarditis Hypertrophied
Prostate
Date of onset

Other contributory causes of importance:
Fracture of Neck of Left Femur Caused by fall Oct 28th Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10-28, 1937
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
had attempted to get out of bed.
Manner of injury Fall in home
Nature of injury Fracture Left Femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) C B Ellis, M. D.
(Address) 318½ College

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.

V. S. NO. 50M-10-22-3 I X9314