

REC'D APR 22 1938

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

11985

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773  
 (b) Township St. Francois Primary Registration District No. 4464  
 (c) City Farmington (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

James Edward Tullock 420  
 (a) Residence, No. Farmington, St. Francois Co. Mo. (If nonresident, give city, or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 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) April 18 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
76 75 10 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as 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) Osoto Jefferson Co. Mo.13. NAME John Tullock14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belle Grade, Mo.15. MAIDEN NAME Adela Hagan16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lead Wood, St. Francois, Mo.17. INFORMANT (ADDRESS) Cornell Breckinridge, Sr.,18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Farmington DATE April 2 193819. FUNERAL DIRECTOR (ADDRESS) Farmington, Mo.20. FILED April 2 1938 J. Robinson Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 193822. I HEREBY CERTIFY, That I attended deceased from Jan 14 1938 to Mar 31 1938I last saw him alive on Mar 31 1938 Death is said to have occurred on the date stated above, at 5 P. m.

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

General arteriosclerosis  
Chronic myocarditis  
 Other contributory causes of importance: 92C-

Name of operation Autopsy Date of \_\_\_\_\_What test confirmed diagnosis? \_\_\_\_\_ 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) Raphaely M. D.1699 (Address) Farmington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

50M-7-37  
1 X12004

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.

STATEMENT BY LICENSED EMBALMER

I, Nellie Harter, Licensed Embalmer No. 2969

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Nellie Harter

Licensed Embalmer No. 2969

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**