

REC'D APR 23 1938

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

12298
 Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 834
 (b) Township New Lisbon Primary Registration District No. 6103 Registered No. 5
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

Terrel Gordon Tweedy 300
 (a) Residence, No. Puxico, Mo. R. F. D. #1 St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1938

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

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

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) Puxico, R. F. D. #
 (STATE OR COUNTRY) Missouri

13. NAME Elbert Tweedy

14. BIRTHPLACE (CITY OR TOWN) Stoddard Co.
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mildred Harty

16. BIRTHPLACE (CITY OR TOWN) Stoddard Co.
 (STATE OR COUNTRY) Missouri

17. INFORMANT Elbert Tweedy
 (ADDRESS) Puxico, Mo. R. F. D. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem. DATE March 27, 1938

19. FUNERAL DIRECTOR Chiles Undertaking Co.
 (ADDRESS) Bloomfield, Missouri

20. FILED 7/19 1938 D. S. McNeil
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1938, to March 27, 1938

I last saw him alive on March 27, 1938, 19..... Death is said to have occurred on the date stated above, at 2 A.M.

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

Stille Bore
No sharp rod caused strangulation

Date of onset

Other contributory causes of importance:

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? Date of injury March 27, 1938

Where did injury occur? Stoddard Co., Missouri
 (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 Stille Bore
 (Signed) G. H. Johnson, M. D.

(Address) Puxico, Mo.
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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

.....
L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

.....
Licensed Embalmer No.....

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.)