

REC'D JUN 16 1938

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

Do not use this space.

1. PLACE OF DEATH

 County Caldwell
 Township Devils
 City Braymer (No.)

 Registration District No. 93
 Primary Registration District No. H.055

 File No. 17856
 Registered No. 15
 St. Ward)

2. FULL NAME

John Henry Till400

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

 Length of residence in city or town where death occurred XX OVER TWO 60 YRS How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louisa Till
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1850
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 9 8

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer Common
 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) Nov 1930 11. Total time (years) spent in this occupation

 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holden, Mass.

 FATHER 13. NAME John Till

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

 MOTHER 15. MAIDEN NAME Zapparah Holden

 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holden, Mass.

 17. INFORMANT Harry Till (ADDRESS) Hamilton Mo.

 18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen DATE June 1, 1938

 19. UNDERTAKER B. F. Mead (ADDRESS) Braymer, Mo.

 20. FILED June 1, 1938 H. H. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1938 . 19
 22. I HEREBY CERTIFY, That I attended deceased from May 6, 1938 to May 30, 1938

 I last saw him alive on May 30, 1938 Death is said to have occurred on the date stated above, at 9:40 p. m.

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

Bulbar Paralysis Date of onset May 29, 1938

Other contributory causes of importance:

Myocardial Infarction 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?..... 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 C. L. Goodsey, M. D.(Signed) C. L. Goodsey, M. D.(Address) Braymer, Mo.97

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.

1938 - 5.30
1850 - 8.30
57 - 9.30