

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

26117
 Do not use this space.

REC'D AUG 26 1930

1. PLACE OF DEATH

(a) County Jennison Registration District No. 605
 (b) Township Jennison Primary Registration District No. 4892 Registered No. _____
 (c) City Stella (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

(a) Residence, No. Mary Pearl Tillman 4580 Stella Ave R# 2 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-11-1917

7. AGE YEARS 21 MONTHS 6 DAYS 19 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tupelo Miss

13. NAME E. J. Lutty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tupelo Miss

15. MAIDEN NAME Lusie Lutty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Newell Tillman Cottersville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Cemetery DATE 7-30-1930

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. R. Smith Smithbranch Mo

20. FILED 8/10 1930 E. J. Lutty Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29-1930

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1930 to 25, 1930. I last saw her alive on 25th, 1930. Death is said to have occurred on the date stated above, at 12:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Typhoid fever and Broncho Pneumonia Date of onset _____

Other contributory causes of importance: 1

Name of operation _____ Date of operation _____
 What test confirmed diagnosis? Tub 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 _____
 (Signed) J. R. Smith, M. D.
 (Address) Stella Mo

MAY 23 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.