

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

28695
 Do not use this space.

REC'D SEP 9 1938
 1. PLACE OF DEATH
 (a) County Coll. Registration District No. 213
 (b) Township _____ Primary Registration District No. 3014 Registered No. 254
 (c) City Jefferson (d) Street No. 212 East Cedar 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 Millie Tandrum 536
 (a) Residence, No. 212 East Cedar 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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ira E. Tandrum
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1893
 7. AGE YEARS 45 MONTHS 7 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.
 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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21, 1938
 22. I HEREBY CERTIFY, That I attended deceased from June 10, 1938 to July 21, 1938
 I last saw h. a. alive on Aug 20, 1938 Death is said to have occurred on the date stated above, at 1:30 m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum & metastasis

Date of onset

12. BIRTHPLACE (CITY OR TOWN) Elston 0
 (STATE OR COUNTRY) Missouri

Other contributory causes of importance: 46 P

FATHER 13. NAME George Gray 0
 14. BIRTHPLACE (CITY OR TOWN) Missouri 0
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Collet
 16. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

17. INFORMANT Ira E. Tandrum
 (ADDRESS) 212 East Cedar St

18. BURIAL, CREMATION, OR REMOVAL PLACE Elston Am. DATE Aug. 23, 1938

19. FUNERAL DIRECTOR (NAME) Dawson Tanner
 (ADDRESS) Jefferson City Mo.

20. FILED 8/23/38 D. B. Cooper 011
 Local Registrar

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 _____
 (Signed) W. J. Karubo, M. D.
 (Address) Jeff City Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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,

D. M. Davis

or by

Registered Apprentice No., working under my personal supervision.

Signed

D. M. Davis

Licensed Embalmer No.

3741

P. O. Address

Jefferson City

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.