

1938 OCT 24

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

Do not use this space.

1. PLACE OF DEATH
 30 County McDonald 1 Registration District No. 518
 Township Primary Registration District No. 4574
 1 City Anderson (No.) St. Ward)

2. FULL NAME Rettie Tatum 250
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 32687
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo Tatum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 4 3

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

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pea Ridge Ark
 13. NAME Geo Foster
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
 15. MAIDEN NAME not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Geo Tatum
 (ADDRESS) Anderson Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Anderson Mo DATE 8/16 1938

19. UNDERTAKER Geo Tatum Mrs C
 (ADDRESS) Anderson Mo

20. FILED 9-8 1938 Mrs Lee Harper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 1938

22. I HEREBY CERTIFY, That I attended deceased from July 20 1938, to Aug 13 1938
 Last saw him alive on Aug 13 1938 Death is said to have occurred on the date stated above, at 4:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of liver Date of onset

Other contributory causes of importance:
Deceased had breast removed about 4 years ago which contained small carcinoma
 Name of operation Date of operation

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) J. P. Reynolds M. D.
 (Address) Pea Ridge Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-305

Date Filed 10/7/38