

MAY 18 1939

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

Do not use this space.

1. PLACE OF DEATH

214 County Clay
Township F. River
City Clayton
1 570 Staura, Tullis James

Registration District No. 198
Primary Registration District No. 3011

File No. 14612
Registered No. 52
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 101 South St., _____ Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED, NAME OF HUSBAND OR WIFE W. J. James

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 24

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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 ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo Ohio

FATHER
13. NAME James Tullis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo Ohio

MOTHER
15. MAIDEN NAME Margaret Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Ohio

17. INFORMANT A. W. Hughes
(ADDRESS) Springfield, Ohio

18. BURIAL, CREMATION, OR REMOVAL
PLACE Corona Hill DATE Apr 16 1939

19. UNDERTAKER (ADDRESS) Electrician, Spring

20. FILED Apr 16, 1939 Staura Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from April, 1938, to April 14, 1938
I last saw her alive on April 14, 1939. Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:
Ludwigs Angina, with streptococcus infection last 36 hours.
Date of onset April 1, 39
110 b

Other contributory causes of importance:
Senile dementia, Myocarditis & impaction, Decompensation
several years

Name of operation Tracheotomy Date of April 13, 39
What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
If so, specify _____
(Signed) J. W. Murgauz, M. D.
(Address) 110 South Street, Excelsior Springs, Mo.

N. B.—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.

Date Filed *5/3/99*

District File Number

District Health Officer No. 8,

RECEIVED