

REC'D MAY 16 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Linton 2

Registration District No.

206

File No.

14654

Township

Lathrop

Primary Registration District No.

4134

Registered No.

5

City

Florisia May Tellman

(No.)

St.

Ward

2. FULL NAME

(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 *50* 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 (write the word)

Married

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

George W. Tellman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 16, 1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

52

11

4

OCCUPATION

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

Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Linton Mo

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

Linton Mo

MOTHER FATHER

13. NAME

Mervin Mc Gruder

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

Kentucky

15. MAIDEN NAME

Bess Beath

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

Mo

17. INFORMANT (ADDRESS)

Mrs. Prater Williams Lathrop Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lathrop Mo April 13, 1939

19. UNDERTAKER (ADDRESS)

Lee Mrs. Wright Lathrop Mo

20. FILED

Apr 22, 1939 E. B. Driscoll Registrar

MEDICAL CERTIFICATE OF DEATH

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

April 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Apr 15, 1939 to Apr 20, 1939

I last saw him alive on *Apr 20, 1939* Death is said

to have occurred on the date stated above, at *12:45 pm*.

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

Date of onset

Unanimous Poison 4-15-39

Carcinoma of Uterus 5-1-38

Other contributory causes of importance: *uterus*

Total suppression of urine 4-14-39

Name of operation

Date of

What test confirmed diagnosis? *Clinical* 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) *E. B. Driscoll*, M. D.

(Address) *Lathrop 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.

WRITE PRINTED, WITH CHANGING INITIALS IN THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 14,

District File Number 39-415

Date Filed MAY 8 1939