

REC'D AUG 18 1939

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

also no
See also 29876-39
26461 R
Do not use this space.

1. PLACE OF DEATH

(a) County Remondet Registration District No. 651
(b) Township Little Prairie Primary Registration District No. 1862
(c) City or Caruthersville (d) Street No. _____ St.
(e) Length of residence in city or town, where death occurred (If death occurred in Hospital or Institution, write its name instead of street and number)
yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 82

2. PRINT FULL NAME Male, F. Tilman

(a) Residence, No. _____ 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

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-1869-18 day
7. AGE YEARS 69 MONTHS 8 DAYS 17 If LESS than 10 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. None
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) Ind.

FATHER 13. NAME Robert Yates
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER 15. MAIDEN NAME Susan Austin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Linnie Tilman Caruthersville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mable Cemetery DATE 8-7-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. J. Smith Caruthersville Mo

20. FILED Aug. 8, 1939 E. A. Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-5-1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to Aug. 5, 1939
I last saw h. or alive on Aug. 5, 1939. Death is said to have occurred on the date stated above, at 1:20 p.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis of the heart
95 in
Other contributory causes of importance: _____

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? no
If so, specify _____
(Signed) J. D. James, M. D.
Caruthersville Mo. (Address) 585

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.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 8/17/39

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.....

Neal C. Dean

Licensed Embalmer No. *3941*

P. O. Address. *Caruthersville, Mo.*

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.