

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

Do not use this space.

32909

1. PLACE OF DEATH

County Macon Registration District No. 4318
 Township 1 Primary Registration District No. 532
 City La Plata (No. _____) St. _____ Ward _____

2. FULL NAME

Regina Wallace Tylhurst
 (a) Residence, No. _____ 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 8 10

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

MOTHER 13. NAME Louisa Tylhurst

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

15. MAIDEN NAME Nancy Fisher

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

17. INFORMANT Charles E. Tylhurst
 (ADDRESS) La Plata MS

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincolnton DATE Sept 7 1939

19. UNDERTAKER D. J. Clouse
 (ADDRESS) La Plata MS

20. FILED Sept 18 1939 Louise J. Smith
 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 20 1939 to Sept 5 1939
 I last saw him alive on Sept 4 1939 Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Diabetic gangrene
59
 Other contributory causes of importance:
arteriosclerosis
hypertension

Date of onset 7/1/39

Name of operation none Date of _____
 What test confirmed diagnosis? laboratory 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) Ralph W. Gillet M.D.
 (Address) La Plata MS

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.

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747 OCT 13 1939

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RECEIVED

District Health Officer No. 10

District File Number 10-39-1690

Date Filed OCT 4 1939