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

REGD OCT 16 1939

33345
Do not use this space.

1. PLACE OF DEATH
(a) County RAY Co
(b) Township POLK
(c) City LAWSON
Registration District No. 742
Primary Registration District No. 5977a
Registered No.
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY JANE TITTUS
(a) Residence, No. SYLVANIA St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-10-1863

7. AGE: Years 76 | Months 4 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. HOME
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) CLAY Co MO

FATHER
13. NAME C-B-HOLLAWAY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KTY

MOTHER
15. MAIDEN NAME MARTHA DAWKINS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KTY

17. INFORMANT MORROW-MRS. R W
(ADDRESS) LAWSON MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE LAWSON CEMTY DATE 9/23 1939

19. FUNERAL DIRECTOR (NAME) MORROW-MOLES
(ADDRESS) LAWSON MO

20. FILED Sept. 23, 1939 Edwin S Lowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1939, to Sept. 22, 1939
I last saw h. on alive on Sept 22, 1939. Death is said to have occurred on the date stated above, at 3:30 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Right Hemiplegia	
82 Y	

Other contributory causes of importance:
Senile Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Clinical 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) Peter E Buehler, M. D.
(Address) LAWSON MO

(Licensed Embalmer's Statement on Reverse Side)

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 PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD

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RECEIVED
District Health Office No. 8
District File Number
Date Filed 10/11/39

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: James A Moles

Licensed Embalmer No. 3296.

P. O. Address Lawson 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.