

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

10613
 Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 167
 (b) Township _____ Primary Registration District No. 5233 Registered No. _____
 (c) City or Fair Play Madison 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 Nancy M. Tunnell ²

(a) Residence, No. 0 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14- 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 4 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house keeper
 9. Industry or business in which work was done, as 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) Dadeville,
 (STATE OR COUNTRY) Dade County, Mo.

13. NAME Samuel J. Tunnell
 14. BIRTHPLACE (CITY OR TOWN) Tenn.
 (STATE OR COUNTRY) 1

15. MAIDEN NAME Cornelia C. Estill
 16. BIRTHPLACE (CITY OR TOWN) Mo.
 (STATE OR COUNTRY)

17. INFORMANT Mrs J.R. Lynch
 (ADDRESS) Fair Play, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dadeville, Mo? DATE Mar. 14- 1940

19. FUNERAL DIRECTOR (NAME) Frank W. Barker
 (ADDRESS) Fair Play, Mo.

20. FILED March 16, 1940 B. A. Cheek
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 13 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1940 to Mar 13 1940

I last saw h. alive on Mar 12 1940. Death is said to have occurred on the date stated above, at _____ m.

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

Frac left femur (sur neck) Date of onset 192-15-40

Other contributory causes of importance:
Hypostatic Penunomia
left lung

Name of operation _____ # _____ Date of _____ No
 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? Accidental Date of injury 3-15-1940

Where did injury occur? At home
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home
 Manner of injury Frac Left hip ball
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Chas H Brown, M. D.
 157 (Address) Fair Play Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X18605

RECEIVED

District Health Officer No. 7,

District File Number *4-40-530*

Date Filed *4-5-40*

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.....

Chy Jester

Registered Apprentice No. *191*

working under my personal supervision.

Signed *Willard B. Erwin*

Licensed Embalmer No. *3092*

P. O. Address *Bolivar 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

OK
State File No. 10613⁷

Registration District No. 167

Primary Registration District No. 5233

Registrar's No.

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Madison Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community years, months or days (Specify whether)

3. (a) PRINT FULL NAME Nancy M. Tunnell

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive.

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 29 If less than one day min.

9. Birthplace. (City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

12. Name.

13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name.

15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant.

(b) Address.

17. (a) (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address.

19. (a) March 16, 1940 (b) B. A. Chute (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Fair Play Rural
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month, March day 13 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h. alive on and that death occurred on the date and hour stated above. Immediate cause of death.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury.

23. Signature Chas H. Brown (M. D. or other)

Address Fair Play Mo signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

R

SUPPLEMENTARY

S-10613