

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15677

Registration District No. 653

Primary Registration District No. 4390

State File No. _____

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Hayti
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Hayti
(If outside city or town limits, write "RURAL")
(d) Street No. 100 Hayti mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Nancy Lizabeth Pullman 45

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 3
year 1940 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw her alive on 5-3- 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary of Stomach Duration _____

Due to _____

Due to 46

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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)
(e) Means of injury _____

23. Signature A. H. Shiey (M. D. or other) _____
Address Hayti, mo. Date signed 5-3-40

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 6 19 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 23 hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Robert P. Tidwell

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

14. Maiden name Martha Barnes

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

16. (a) Informant Ed Pullman
(b) Address Hayti mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-1940
(Month) (Day) (Year)

(c) Place: burial or cremation White Cemetery

18. (a) Signature of funeral director H. A. Smith
(b) Address Caruthersville mo.

19. (c) 2/4/40 (Date received local registrar) (b) Pearl Kelley (Registrar's signature)

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

MOTHER FATHER

5-40-22

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.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.