

No. 7
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FILED JUN 27 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19056

Registration District No. 589

Primary Registration District No. 5787^a

Registrar's No. 15

1. PLACE OF DEATH: Montgomery B. on Cur
 (a) County Montgomery
 (b) City or town High Hill
 (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 80 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Montgomery
 (c) City or town High Hill
 (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.? 80 years.

3. (a) PRINT FULL NAME GEORGE TUMILTY 543

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 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 May 1 1852
(Month) (Day) (Year)

8. AGE: Years 88 Months 12 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer 4

11. Industry or business _____

12. Name John Tumilty 4

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

14. Maiden name Ann Morris

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

16. (a) Informant Kenneth J. Sarsally
(b) Address High Hill Mo

17. (a) Burial (b) Date thereof May 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Pleasant Burial

18. (a) Signature of funeral director J. A. Mizlow
(b) Address Montgomery City Mo
19. (a) May 14 1940 (b) Montgomery
(Date recorded local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 13
 year 1940 hour _____ minute 1:10 P. M.

21. I hereby certify that I attended the deceased from May 24 1939, to May 7 1940;
that I last saw him alive on May 7 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Urinary Hemorrhage
Infection of urinary tract Duration ✓

Due to _____
Due to _____

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

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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?
887
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature N. W. Alexander 30.0
Address Fonesburg Mo Date signed 5/13/40

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

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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 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

State File No. 1905-6

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 389

Primary Registration District No. 2787a

Registrar's No. 10-

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

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Bear Creek
(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 _____ (Specify whether
In this community _____ years, months or days) (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Geo. J. Family

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid

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

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

8. AGE: Years 88 Months - Days 12 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 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)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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.? _____ years.

19. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 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 _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Wemic
Coronary Atherosclerosis
Chronic Hypertension
Infection of Urinary Tract

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death) 121

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) _____ (e) Means of injury _____

23. Signature J. W. Alexander (M. D. or other) _____
Address Jonesburg Mo Date signed _____

SUPPLEMENTARY

S-19056