

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

19723
Do not use this space.

1. PLACE OF DEATH
 (a) County Shelby Registration District No. 83/
 (b) Township Black Creek Primary Registration District No. 504
 (c) City Shelbyville (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Charlotte Tammehill
 (a) Residence, No. 540 Shelbyville, Mo St. (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 Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20 - 1940

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	100	3	15	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) (STATE OR COUNTRY) Cincinnati Ohio

FATHER 13. NAME Robert Hamilton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Lavinia Sallee
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) G. Tammehill Shelbyville, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE S.A.B. Cemetery DATE June 7, 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) E.P. Thompson Shelbyville, Mo.
 20. FILED June 6, 1940 Pearl Goel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5 - 1940

22. I HEREBY CERTIFY, that I attended deceased from March 13, 1940 to June 5, 1940
 I last saw her alive on June 5, 1940 Death is said to have occurred on the date stated above, at 6:25 p.m.
 The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis (Cerebral)
 Date of onset 7

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

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) P.B. Archer M. D.
 (Address) Shelbyville Mo.

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.

WHITE FORM, WITH ENLARGED MARGINS—THIS IS A PERMANENT RECORD

X-16005

RECEIVED

District Health Officer No: 10

District File Number 6-40-1257

Date filed JUN 13 1940

STATEMENT BY LICENSED EMBALMER

1.

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 E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville

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.