. 2
3-40
7-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 17622

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 159

**1. PLACE OF DEATH:**

(a) County Cole

(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Forest Hill Addition /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 4 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City, 5
(If outside city or town limits, write "RURAL")

(d) Street No. Forest Hill Addition 8
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Gabriel Tiffin

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary Ann Tiffin 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased December (Month) 1 (Day) 1855 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 85 | 5 | 14 | ..... hr. ..... min. |

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

10. Usual occupation Retired Merchant

11. Industry or business .....

FATHER
12. Name Harrison Tiffin
13. Birthplace Va / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Missouri Long
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. P. Cummins
(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-17-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Ferguson, Missouri

18. (a) Signature of ~~funeral director~~ Norke J. Gordon
(b) Address Jefferson City, Missouri

19. (a) 5/16/41 (Date received local registrar) (b) W. Bedford M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 15th year ..... hour 9 1/2 minute a M.

21. I hereby certify that I attended the deceased from Jan 1st, 1941, to May 15th, 1941; that I last saw her alive on May 15th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to ~~Senil~~

Due to 61

Other conditions Diabetes
(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? ..... (Specify type of place)
While at work? (e) Means of injury .....

23. Signature Thomas J. Kelly M.D. (M. D. or other) 0
Address Jefferson City Date signed May 15 1941

(Licensed Embalmer's Statement on Reverse Side)

## 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 Thorp J. Gordon

Licensed Embalmer No. 1786

P. O. Address Jefferson City Mo

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

**If this body is not embalmed, fact should be so stated above.**