

22525

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 19 1941

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 131

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: In Ambulance to Woodland Hospital  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monroe  
(c) City or town Madison, 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.? \_\_\_\_\_ years

3. (a) PRINT FULL NAME Nellie Tyler

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Joe A. Tyler 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased 2/23/1872  
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business household

MOTHER FATHER { 12. Name Robert Cottingham

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

14. Maiden name Sarah Frances Duval

15. Birthplace Moberly, Mo R.R. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joe A. Tyler

(b) Address Madison, Mo R.H. 0

17. (a) burial (b) Date thereof 6/3/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Cemetery

18. (a) Signature of funeral director Wesley Thompson

(b) Address Madison, Mo

19. (a) June 3-41 (b) Seal Hillman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 1 year 1941 hour 8 a. a. minute M.

21. I hereby certify that I attended the deceased from Mar 28 1941, to May 31 1941

that I last saw her alive on May 31 1941 and that death occurred on the date and hour stated above.

Immediate cause of death athrombocytopenic Purpura Duration 2 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature D L Harlan (M. D. or other) \_\_\_\_\_

Address Clarence Mo Date June 4 1941

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

N. E.—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.

Rev. 5-17-39

RECEIVED

District Health Officer No. 10

District File Number 7-41-1271

Date Filed JUL 16 1941

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 Mrs. Freda Thompson

Licensed Embalmer No. 3282

P. O. Address Madison, Wis.

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.