

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

2172
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 144 36
 (b) Township Meramec Primary Registration District No. 4156 9 Registered No. 5
 (c) City Sullivan (d) Street No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Florence F. Tidwell

(a) Residence, No. Sullivan, 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 (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jasper W. Tidwell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 23, 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 6 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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) New York City
 (STATE OR COUNTRY) New York.

FATHER 13. NAME Kanawah,
 14. BIRTHPLACE (CITY OR TOWN) Not Known
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Not Known
 16. BIRTHPLACE (CITY OR TOWN) Not Known
 (STATE OR COUNTRY)

17. INFORMANT Jasper W. Tidwell
 (ADDRESS) Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sullivan, Mo. DATE Feb. 3, 1943

19. FUNERAL DIRECTOR (NAME) J. T. Williams,
 (ADDRESS) Sullivan, Mo.

20. FILED 2/2 1943 Robert Gillman
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31st 1943

22. I HEREBY CERTIFY That I attended deceased from 1-26 1943, to Jan 31 1943
 I last saw her alive on 1-30 1943 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Influenza Date of onset 1-23-43
Bronchitis 1939

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
 If so, specify _____
 (Signed) Dr. L. K. Barnes D.
Sullivan, Mo.
 (Address) _____

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AUG 6 1948

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 *J. T. Williams*.....

Licensed Embalmer No. 427.....

P. O. Address Sullivan, Mo......

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.