

EO 18 1929

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

Do not use this space.

37680

1. PLACE OF DEATH

County Lawrence Registration District No. 474
Township Ozark Primary Registration District No. 5047 File No. 5638
City Assura (No. RFD # 2) St. _____ Ward _____

2. FULL NAME Alma May Tunnell

(a) Residence No. RFD # 2 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Lem Tunnell
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 19-1905
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 8 13

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marionville
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Trevor McBride
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marionville
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Jessie Sullivan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marionville
(STATE OR COUNTRY) Mo.

14. INFORMANT Trevor McBride
(Address) Assura Mo.

15. FILED 11/1 1929 W. H. Harkins
By King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15th 1929
17. I HEREBY CERTIFY, That I attended deceased from Nov, 1929, to Nov, 1929, that I last saw her alive on Oct 20, 1929, and that death occurred, on the date stated above, at 1:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Pulmonary Tuberculosis
2 1/2 yrs about (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? No... DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) R. H. Corvan, M. D.
, 19 (Address) Assura Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Marionville Mo. DATE OF BURIAL 11/2 1929

20. UNDERTAKER King Funeral Home Assura Mo. ADDRESS _____

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lawrence
Township Ozark
City..... (No.....

Registration District No. 474
Primary Registration District No. 3638

File No.....
Registered No. 6
St. Ward)

2. FULL NAME

Alma May Tunnell

(a) Residence. No. R. F. D. # 2 St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lem Tunnell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 19-1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 8 12

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Marionville
(STATE OR COUNTRY) MO

10. NAME OF FATHER Treva McBride

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marionville mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jessie Sullivan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marionville
(STATE OR COUNTRY) mo

14. INFORMANT Treva McBride
(Address) Aurora mo

15. FILE Jan 6, 1930 Mrs Eliza Miller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 1 1929

17. I HEREBY CERTIFY That I attended deceased from.....
1929 to Nov 1, 1929
that I last saw her alive on Oct 20, 1929 and that death occurred, on the date stated above, at 1:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch. Pulmonary Tuberculosis

about (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY).....
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) R. W. Cowan, M. D.
. 19 (Address) Aurora mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Marionville mo DATE OF BURIAL 11/2 1929

20. UNDERTAKER King Funeral Home Aurora mo ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-31680