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.

MAR 24 1932

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

Do not use this space.

5569

1. PLACE OF DEATH

74 County Nodaway — Registration District No. 617 — File No.

Township — Primary Registration District No. 4368 — Registered No. 3

City Barnard (No. , St. Ward)

2. FULL NAME Mary Ellen Horner Tulloch

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 33 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 John Frank Tulloch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1868

7. AGE — YEARS 63 — MONTHS 10 — DAYS 7 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) January, 1932

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Guilford Missouri

FATHER

13. NAME John Wallace Horner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Hannah T. Pattison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) John F. Tulloch Barnard, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cemetery DATE Febr. 6, 1932

19. UNDERTAKER (ADDRESS) W Dean Campbell Barnard, Mo

20. FILED Febr. 5, 1932 Chas D Humbert M.D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1930, to February 4, 1932

I last saw her alive on February 4, 1932 Death is said to have occurred on the date stated above, at 10 10 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of mediastinum, secondary to carcinoma of breast — Date of onset June 1930

50
47B

Other contributory causes of importance: none

50

1

Name of operation Halsted Date of Dec 3, 1930

What test confirmed diagnosis? microscopic 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) Chas D Humbert M.D., M. D.

(Address) Barnard, Mo.