

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

Do not use this space.

40189

**1. PLACE OF DEATH**

49 County Jasper Registration District No. 408  
 5 Township Maple Primary Registration District No. 3070  
 7 City Garthage (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Nancy Viola Tatters  
 (a) Residence, No. 1326 E Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 43 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 Isaac Tatters  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1889  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
43 3 13

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Garthage 1  
 (STATE OR COUNTRY) Missouri

MOTHER 13. NAME Charles Harmon

14. BIRTHPLACE (CITY OR TOWN) Milliken 2  
 (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Allevie Hitchhead

16. BIRTHPLACE (CITY OR TOWN) Garthage 1  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Isaac Tatters  
 (ADDRESS) 1326 E Ave - Garthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Garthage Co. Bur. DATE Dec. 26, 1932

19. UNDERTAKER Knell Mortuary  
 (ADDRESS) Garthage, Missouri

20. FILED Dec. 26, 1932 OT Tetcham  
 Registrar.

**V MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 23, 1932, to December 24, 1932.  
 I last saw h. ex. alive on December 23, 1932. Death is said to have occurred on the date stated above, at 12:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

	Date of onset
<u>Carcinoma of Uterus</u>	<u>Dec. 1931</u>
<u>Branchio-Pneumonia</u>	<u>Dec. 29, 1932</u>

Other contributory causes of importance:  
46 D 46 19  
107A 107A

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. E. Byrd \_\_\_\_\_, M. D.  
 (Address) Garthage, Missouri

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.

JAN 24 1933

