

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

Do not use this space.

1. PLACE OF DEATH

County *St. Louis*
Township *Central*
City *Clayton*

Registration District No. *790*
Primary Registration District No. *603B*

File No. **20998**

Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *3048 9th* St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 12, 1888*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
44 8 8

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

9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) *Charleston Mo.*

13. NAME *Jefferson Lee Tisdale*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

15. MAIDEN NAME *Louise Robt*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hamburg Mo.*

17. INFORMANT (ADDRESS) *Jefferson Lee Tisdale
Overland Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Helens Paul* DATE *June 23, 1933*

19. UNDERTAKER (ADDRESS) *Baumgardner Bros
Overland Mo.*

20. FILED _____ 19 *33* *Ed Sullivan*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 20, 1933*

22. I HEREBY CERTIFY, that I attended deceased from *7:10 PM*, 19____, to _____, 19____.

I last saw him alive on _____, 19____. 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:

Traumatic fracture of the liver; pneumothorax; hemorrhage (paralytic type) caused by auto-accident.

Other contributory causes of importance: *Jury Report at inquest: - We the jury find that Mr. Tisdale came to his death due to an unavoidable automobile accident.*

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *accident* Date of injury *June 17, 1933*

Where did injury occur? *owne St. Rd. St. Louis Mo.*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *Public place*

Manner of injury *auto mobile accident*
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) *Jake B. Turnon*
(Address) *3718 Jennings Rd. 541133
St. Louis, Co., Mo.*

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.

OCCUPATION FATHER MOTHER

