

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

103 County Goddard  
Township Duck Creek  
City (No. ....) Ward

Registration District No. 840  
Primary Registration District No. 6102

File No. 17787  
Registered No. ....  
St. .... Ward

2. FULL NAME

Lawrence Tatom

(a) Residence, No. .... 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 16 1874</u>		
7. AGE	YEARS	MONTHS
<u>63</u>	<u>63</u>	<u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common laborer</u>		
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) <u>3 yrs</u>		11. Total time (years) spent in this occupation <u>life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Malden Mass</u>		
13. NAME <u>William Tatom</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>McClainboro Ill</u>		
15. MAIDEN NAME <u>Betty Mayhew</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Julia Jones</u> (ADDRESS) <u>Dudley Mo 021</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Malden</u> DATE <u>3-16-37</u>		
19. UNDERTAKER <u>Watkins</u> (ADDRESS) <u>Dudley Mo</u>		
20. FILED <u>June 17, 1937</u> <u>W. H. Hawks</u> <u>Blawie</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14 1937

22. I HEREBY CERTIFY That I attended deceased from Dec 27 1936, to Jan 5 1937

I last saw him alive on about Jan 5 1937. Death is said to have occurred on the date stated above, at 4<sup>30</sup> a.m.

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

Bronchial Asthma Date of onset

Other contributory causes of importance:

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) T. F. Farpley M. D.  
(Address) Blawie

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.

13  
76  
68

**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 Stoddard  
Township Rock creek  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 840  
Primary Registration District No. 6102

File No. 17787  
Registered No. 22

**2. FULL NAME** Laurencee Tatom

(a) Residence, No. \_\_\_\_\_ 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 (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
63 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common 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) 3 yrs 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McKeansboro, Illinois

13. NAME William Tatom

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McKeansboro, Illinois

15. MAIDEN NAME Bettie McPherson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston, Mo.

17. INFORMANT (ADDRESS) Jarlin Jones, 1411 N. R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden DATE 3-10-1937

19. UNDERTAKER (ADDRESS) Watkins' Funeral Home, Weston, Mo.

20. FILED June 12, 1937 Thos W Hawk Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1936 to Jan 5, 1937

I last saw him alive on Jan 2, 1937. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Respiratory asthma Date of onset \_\_\_\_\_

Other contributory causes of importance:

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 \_\_\_\_\_

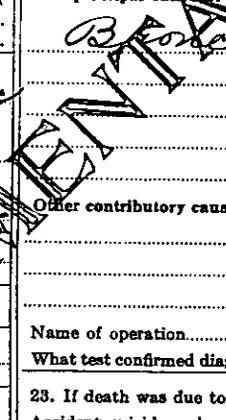
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) R. F. Harpley, M. D.  
(Address) \_\_\_\_\_

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.



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