

REC'D JUL 6 1939

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

22020
Do not use this space.

1. PLACE OF DEATH *2*
(a) County *Cardwell mo* Registration District No. *283*
(b) Township *Buffalo* Primary Registration District No. *5402* Registered No. _____
(c) City *Cardwell mo* (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *512 WILLIAM, LUTHER, TOMMBS*

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 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 *Ila Tommbs*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 25-1889*

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
49 *6* *18*

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *White*
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *1*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Piggott mo*

FATHER 13. NAME *Charley Tommbs*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

MOTHER 15. MAIDEN NAME *Sally G. Mallard*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT (ADDRESS) *Ebra Pruett*
Cardwell mo

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cardwell mo* DATE *March 10 1939*

19. FUNERAL DIRECTOR (ADDRESS) *A. J. Emerson*
Poncafork ark

20. FILED *6-15* 19*39* *A. J. Emerson*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-10* 19*39*

22. I HEREBY CERTIFY, That I attended deceased from *2-1* 19*39*, to *3-10* 19*39*.
I last saw him alive on *3-9* 19*39*. Death is said to have occurred on the date stated above, at *4 A* m.
The principal cause of death and related causes of importance were as follows:
Cerebral of Louis
1/24

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) *Wallace H. England M.D.*, M. D.
251 (Address) *Cardwell mo*

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.

50M-7-20-37
I X12004

RECEIVED

District Health Officer No. 3,

District File Number 639-374

Date Filed 6/24/29

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)