

RECD JUL 8 1938

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

23554
Do not use this space.

1. PLACE OF DEATH

(a) County WRIGHT Registration District No. 907
(b) Township PIRSANT VALLEY Primary Registration District No. H548
(c) City MANSEFIELD (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 69 yrs. 9 mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ENOCH DAVID TARBUTTON

(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 <u>M</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>MENNERVA TARBUTTON</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>SEPT. 4 - 1876</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>9</u>	DAYS <u>6</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>LABORER</u>	
	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) <u>APRIL 1936</u>	
11. Total time (years) spent in this occupation <u>LIFE</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>WRIGHT CO MISSOURI</u>		
FATHER	13. NAME <u>JOHN TARBUTTON</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>CALIFORNIA</u>	
MOTHER	15. MAIDEN NAME <u>LEANNA CRIDER</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>WRIGHT CO MISSOURI</u>	
17. INFORMANT (ADDRESS) <u>MENNERVA TARBUTTON MANSEFIELD MO.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>NO 5 DIST. CRM</u> DATE <u>JUNE 12, 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>EASTEPPE MANSEFIELD MO.</u>		
20. FILED <u>6-12-1938</u> <u>J.M.D. Short</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1938, to June 1938
I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:
Cardio-Vascular
Renal Disease
Date of onset _____

Other contributory causes of importance: 121

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) Dr. J. M. D. Short M.D.
(Address) Mansefield, 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.

RECEIVED

District Health Officer No. 6,

District Number 739-1343

Date Filed JUL 5 1939

RECEIVED
DISTRICT HEALTH OFFICER
NO. 6

RECEIVED
DISTRICT HEALTH OFFICER
NO. 6

920

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed W. C. Stiffe

Licensed Embalmer No. 3221

P.O. Address Manifield Mo.

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.)

If this body is not embalmed, above space should be left blank.