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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 11 1941
Registration District No. 104

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10224
Registrar's No. 72

Primary Registration District No. 3008

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(c) Name of hospital or institution: State Hospital #1
(d) Length of stay: 5 mos 25 days
In this community 5 mos 25 days

3. (a) PRINT FULL NAME HATTIE TYGMAK
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race white
6. (a) Single, widowed, divorced widowed
6. (b) Name of husband or wife Gen L. Tygman
6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased mar 19 1853
(Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 25
9. Birthplace Park County, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
11. Industry or business
12. Name Daniel Fisher
13. Birthplace DK
14. Maiden name Abbie Woods
15. Birthplace DK

16. (a) Informant John H. Gore (daughter)
(b) Address 353 N. Whittier St, St. Louis, Mo
17. (a) (b) Date thereof 3 12 1941
(c) Place: burial or cremation Calvary Cem St Louis
18. (a) Signature of funeral director Arthur Donnelly
(b) Address 3840 Lindell St. Louis Mo
19. (a) March 14, 1941 (b) R. N. Crews
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 14
(a) State Missouri (b) County 1
(c) City or town St. Louis 2
(d) Street No. 353 N. Whittier
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month mar day 14
year 1941 hour 5 minute 20 A. M.
21. I hereby certify that I attended the deceased from sept 17
1940 to mar 14, 1941
that I last saw her alive on mar 13, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis
Duration ?
Due to
Due to
Other conditions
Major findings:
Of operations none
Of autopsy no
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature John J. Blaska (M. D. or other)
Address Fulton, Mo Date signed 3/14/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell Bl

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, fact should be so stated above.