JUN 27 1927

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

Do not use this space. Will

14783

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township — Primary Registration District No. 7001
City Springfield (No. 571 E. Walnut St. Ward)
File No.
Registered No. 2 9 4

2. FULL NAME John R. Tarrant
(a) Residence. No. 571 E. Walnut 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: 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~~ Mary N. Tarrant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 30-1844

7. AGE: Years 82 | Months 5 | Days 11 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Real Est. Dealer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER John M. Tarrant
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Nancy Potter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Mrs. J. R. Tarrant
(Address) Springfield Mo.

15. FILED 5/11 1927 O C Horst
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/11/27 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1927, to May 11, 1927 that I last saw h. 1.27 alive on May 10, 1927, and that death occurred, on the date stated above, at 2.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
137 Nephritis interstitial
131
12 90
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypertrophic prostatic obstruction (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 4-4-27
WAS THERE AN AUTOPSY? No Supra pubic drain
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. J. Wills, M. D
5/11, 1927 (Address) Springfield Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Maple Park Cemetery — DATE OF BURIAL: May 12 1927

20. UNDERTAKER: J. W. Klingner & Co — ADDRESS: 4 246 Conil St Springfield 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.