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

Do not use this space.

27260

File No. .....
Registered No. 2225

1. PLACE OF DEATH

County: Jackson — Registration District No. .....
Township: Kaw — Primary Registration District No. .....
City: Kansas City (No. 3129 Grand Avenue St. ..... Ward)

2. FULL NAME Isaac Tavennner

(a) Residence. No. 3129 Grand Avenue St., 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jany. 29, 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	6	7	

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

9. BIRTHPLACE (CITY OR TOWN) Parkersburg
(STATE OR COUNTY) West Virginia

PARENTS
10. NAME OF FATHER Isaac Tavennner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTY) Virginia
12. MAIDEN NAME OF MOTHER Harriet Warth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTY) Virginia

14. INFORMANT Miss Jeannette Tavennner
(Address) 3129 Grand Avenue

15. FILED 8/7, 1928 O. M. Crowe
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 5 1928

17. I HEREBY CERTIFY, That I attended deceased from May, 1928, to Aug 5 1928 that I last saw him alive on Aug 5, 1928 and that death occurred, on the date stated above, at 7 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Tuberculosis (Pulmonary) 3H

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. Ch. Cyner, M. D
8/7, 1928 (Address) 31st & Troost

*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~~ Forest Hill Cemetery — DATE OF BURIAL 8-7 1928

20. UNDERTAKER Stine & McClure — ADDRESS 924 Oak

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.

PERMANENT RECORD — WRITE WITH INFADING INK—THIS IS A

Dr. [illegible]
214 Whitman Bldg.
WB-2030