

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Fair Primary Registration District No. 1002  
 City H. C. Mo. (No. 535 Benton Avenue) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 300  
 Sl. \_\_\_\_\_ Ward \_\_\_\_\_

1710

**2. FULL NAME**

Gordon E. Tanner  
 (a) Residence. No. 535 Benton St. St. \_\_\_\_\_ No. 10 Ward \_\_\_\_\_  
 (Usual place of abode)  
 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 Maudie Tanner  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-9-1884  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 | 3 | 11 | \_\_\_\_\_

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

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Gas. Tanner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Lash Vietz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ky.

14. INFORMANT Mrs. Maudie Tanner (Address) 535 Benton Ave

15. FILED 1-21-29 M. M. Cove REGISTRAR  
Asst

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/20 1929  
 17. I HEREBY CERTIFY, That I attended deceased from 8/1 1928, to 1-20 1929, that I last saw him alive on 1/20 1929, and that death occurred, on the date stated above, at \_\_\_\_\_ P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchial Pneumonia  
200  
107A  
 \_\_\_\_\_ (duration) yrs. mos. 3 ds.  
 CONTRIBUTORY Pulmonary Tuberculosis (SECONDARY)  
 \_\_\_\_\_ (duration) yrs. 6 mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) D. M. Russell, M. D.  
1/21, 1929 (Address) 3231-E-11st.

\*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 Barlow Kentucky DATE OF BURIAL Jan 27 1929  
 20. UNDERTAKER Mrs. C. L. Foster ADDRESS H. C. 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.

165  
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JUL 19 1946