

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

Do not use this space.

7322

1. PLACE OF DEATH

County Monroe Registration District No. 582 File No.
 Township Jackson Primary Registration District No. 3779 Registered No. 14
 City (No.) City (No.) St. Ward)

2. FULL NAME

Sallie Catharine Tanner
 (a) Residence. No. St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Silas Tanner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 24 - 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 11 2 | — | — | —

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home
 (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) Mo. Mo.

10. NAME OF FATHER Geo. Cooperider

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Nancy Ann Sparks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT (Address) Mrs. Sam Herndon Paris, Mo.

15. FILED 2/26, 1929 N.C. Payne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26 1929

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw her at home when I arrived, 19....., and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:
appeared to be pneumonia -
Had no physician
1994 (duration) about a week

CONTRIBUTORY (SECONDARY) 1913 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH. No DATE OF.....
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? F. Flynt, M. D.
 (Signed) 2/26, 1929 (Address) Paris, 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 Paris - Walnut Grove **DATE OF BURIAL** 2/28 1929

20. UNDERTAKER Speed + Blakey **ADDRESS** Paris

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.

MAR 23 1929

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