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

Do not use this space.

42225

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis. (No. Home For the Aged. ..... St. ..... Ward)

File No. ..... Registered No. 11940

2. FULL NAME Christopher Tanney

(a) Residence. No. 3400 So Grand Blvd. St., 77 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 Annie Tanney.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dont Know, 1852.

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) Odd Jobs

(c) Name of employer

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

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PARENTS

10. NAME OF FATHER Michael Tanney.

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

12. MAIDEN NAME OF MOTHER Mary Carroll.

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

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14. INFORMANT Sister Irenée (Address) 3400 So. Grand Blvd.

15. FILED ..... 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 12/7

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1929, to Dec 7, 1929, that I last saw him alive on Dec 7, 1929, and that death occurred, on the date stated above, at 1 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 1 P.M.

Cardiac Dilatation

107 B

95 B (duration) ..... yrs. 1 mos. 7 ds.

CONTRIBUTORY (SECONDARY) Bronchial Pneumonia

(duration) ..... yrs. 1 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) R Garcia, M. D

Dec 7, 1929 (Address) 3165 So Grand

*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 Thayer, Mo.

DATE OF BURIAL 12 9th 1929

20. UNDERTAKER J H Gebken L & U Co.

ADDRESS 2842 Meramec.

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.

...NNEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD