MAR 25 1930 Dr. Hill

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

Do not use this space. 4271

**1. PLACE OF DEATH**

County Callaway — Registration District No. 213

Township Summit — Primary Registration District No. 51523

City ..... (No. ....., ..... St. ..... Ward)

File No. .....

Registered No. 1

**2. FULL NAME** Henry A. Tranbarger

(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 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 | Married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-27- 1851

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 78 | 1 | 9 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Andrew J. Tranbarger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT Alvin Tranbarger
(Address) Cedar City, Missouri

15. FILED 3/7, 1930 S. Bedford REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1930, to Feb 5, 1930 that I last saw him alive on Feb 5, 1930, and that death occurred, on the date stated above, at 6 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108
162

..... (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Senility

..... (duration) 3 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) Jas. A. Hill, M. D.

, 19 (Address) Jefferson City 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 | DATE OF BURIAL |
|---|---|
| Hart Hill Cemetery | 2/7 1930 |
| **20. UNDERTAKER** | **ADDRESS** |
| Wymore-Gordon Und. Co. | J.C.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.