

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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

38382-2

## 1. PLACE OF DEATH

County North  
 Township St. Louis  
 City St. Louis (No. ....)

Registration District No. 903  
 Primary Registration District No. 4545

File No. ....  
 Registered No. 30  
 St. .... Ward)

## 2. FULL NAME

(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 50 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

Mary Brady Tandy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
78 7 28

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter  
 (b) General nature of industry, business, or establishment in which employed (or employer) ....  
 (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Trenton  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Henry J. Tandy  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Union  
 (STATE OR COUNTRY) Kentucky  
 12. MAIDEN NAME OF MOTHER Mrs. Perry  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Richmond  
 (STATE OR COUNTRY) Virginia

14. INFORMANT Mrs. George Cloos  
 (Address) Grant City, Mo.

15. FILED 11/5-30 John Anderson  
 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 3 - 1930

17. I HEREBY CERTIFY, That I attended deceased from July 4, 1930, to Nov 3, 1930, that I last saw him alive on Nov 2, 1930, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis  
131  
930  
 (duration) yrs. 4 mos. 4 ds.  
 CONTRIBUTORY (SECONDARY) Chronic Nephritis  
 (duration) 1 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

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. S. Phillips, M. D.

Nov 4, 1930 (Address) Grant 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 Grant City Cemetery DATE OF BURIAL 11/5 1930  
 20. UNDERTAKER Arch C. Dumble ADDRESS Grant City

