

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.

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

Do not use this space.

38444

*Adrain Co Hospital*

1. PLACE OF DEATH  
 County *Adrain* Registration District No. *26*  
 Township *Sutherland* Primary Registration District No. *3022*  
 City *Mexico Mo* (No. ....) St. .... Ward .....

2. FULL NAME *Frances Louise Tanchata*  
 (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.

File No. ....  
 Registered No. *134*  
 St. .... Ward .....

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *12-7-1930*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*0 0 4*

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

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) *Mexico Mo.*  
 (STATE OR COUNTRY)

10. NAME OF FATHER *R.C. Tanchata*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *De Queen Ark.*  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Louise Hanna*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *De Queen Ark.*  
 (STATE OR COUNTRY)

14. INFORMANT *Mrs Noel Smith*  
 (Address) *Centralia Mo*

15. FILED *Dec 12th 30* *Ira S Milligan*  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *12-11-1930*

17. I HEREBY CERTIFY, That I attended deceased from *12-7-1930* to *12-11-1930*  
 that I last saw her alive on *12-11-1930*, and that death occurred, on the date stated above, at *8-10* p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*nondevelopment of heart*

CONTRIBUTORY (SECONDARY) *15902*  
 (duration) yrs. mos. ds.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Centralia Mo* DATE OF BURIAL *Dec 12th 1930*

20. UNDERTAKER *M. J. McDowd* ADDRESS *Centralia Mo*

PARENTS

8. DID AN OPERATION PRECEDE DEATH? DATE OF.....  
 WAS THERE AN AUTOPSY?.....  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) *E. B. Parmer*, M. D.  
*12-12-1930* (Address) *Centralia, 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.

