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.

JAN 20 1931

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

Do not use this space.

40038

1. PLACE OF DEATH
County McDonald — Registration District No. 963 — File No. 103
Township Elk River — Primary Registration District No. 5692 — Registered No. 19
City Noel (No. ..... St. ..... Ward)

2. FULL NAME Robert Lee Tackett.
(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. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31 1866

7. AGE — YEARS 64 — MONTHS 3 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Baker.
(b) General nature of industry, business, or establishment in which employed (or employer) Bakery.
(c) Name of employer Self

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

PARENTS
10. NAME OF FATHER Joseph Tackett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lizzie Whitehead
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wy.
(STATE OR COUNTRY)

14. INFORMANT Mrs. T. N. Adams.
(Address) Noel. Mo

15. FILED 12/12, 1930 J. L. Minton M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12th 1930.

17. I HEREBY CERTIFY, That I attended deceased from June 1st 1930 to Dec 10th/1930 that I last saw him alive on Dec 10th 1930, and that death occurred, on the date stated above, at during night exact time not known.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Organic Heart Disease
(duration) 2 yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Dilatation of Heart
(duration) 6 Months ..... 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) G. V. Poyner, M. D.
, 19 (Address) Southwest 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: Cremation Kansas City Mo. — DATE OF BURIAL: 12/13 1930

20. UNDERTAKER: J. T. [illegible] — ADDRESS: SULPHUR SPRINGS, ARK.