

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

2- 2  
Do not use this space.

35622

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. St. Joseph's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 4116

**2. FULL NAME**

John D. Tanner

(a) Residence, No. 2042 Elmwood St. 12 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 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 Violet Tanner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/7/1906

7. AGE YEARS 26 MONTHS 5 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer 16<sup>5</sup>

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Missouri

13. NAME John Tanner

14. BIRTHPLACE (CITY OR TOWN) Switzerland (STATE OR COUNTRY) 26

15. MAIDEN NAME Alice Killin

16. BIRTHPLACE (CITY OR TOWN) Colorado (STATE OR COUNTRY) 2

17. INFORMANT John Tanner (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 11-4-1932

19. UNDERTAKER Stier + McPhure (ADDRESS) 3235 Wilbur Place

20. FILED 11-3 1932 M. M. Brode Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 28<sup>th</sup>, 1932, to Nov 2<sup>nd</sup>, 1932

I last saw him alive on Nov 2<sup>nd</sup>, 1932. Death is said to have occurred on the date stated above, at 12 m. Noon

The principal cause of death and related causes of importance were as follows:

Furuncle in nose followed by Staphylococcus Septicemia

Other contributory causes of importance: 151B

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) James D. Smith, M. D.  
(Address) 602 Argyle Bldg

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.

