

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

Do not use this space.

37568

**1. PLACE OF DEATH**

County ..... Registration District No. 707  
 Township St. Louis Primary Registration District No. 107  
 City St. Louis (No. 2824) Lawton St. ..... Ward .....  
 Registered No. 10244

**2. FULL NAME**

(a) Residence, No. 2824 Lawton St., 21 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 27-1895</u>				
7. AGE	YEARS <u>36</u>	MONTHS <u>10</u>	DAYS <u>22</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bus Boy</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hotel 278</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 1</u>				
FATHER	13. NAME <u>Earl Tanner</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas 2</u>				
MOTHER	15. MAIDEN NAME <u>Mary Ogden</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La.</u>				
17. INFORMANT <u>Mary Matthews</u> (ADDRESS) <u>2824 Lawton</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Jefferson Burial</u> DATE <u>11-22</u> 19 <u>32</u>				
19. UNDERTAKER <u>Manuel Undertaking Co.</u> (ADDRESS) <u>7054 Finney</u>				
20. FILED <u>NOV 21 1932</u> <u>Max C. Parker</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-19-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-10, 1932, to 11-19, 1932  
 I last saw him alive on 11-19, 1932. Death is said to have occurred on the date stated above, at 12:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Chc Puhl TBC - far advanced  
[Examination for U.S. Government]  
 Date of onset ?  
 Other contributory causes of importance:  
Pulm Tuberculosis  
 Name of operation None Date of None  
 What test confirmed diagnosis? X-ray 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 (D)

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify .....  
 (Signed) Herbert S. Langford M. D.  
 (Address) 3115 So. Grand

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.

