

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

Do not use this space.

2512

1. PLACE OF DEATH
 73 County Newton Registration District No. 611
 5 Township Seneca Primary Registration District No. 4365
 6 City Seneca (No. _____) St. _____ Ward _____

2. FULL NAME Wesley Alon Tankford
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Evahell Bennett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 11-1900</u>		
7. AGE YEARS <u>32</u>	MONTHS <u>7</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common Labour</u>		
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) (STATE OR COUNTRY) <u>Seneca Missouri</u>		
13. NAME <u>Grant Tankford</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Emma Greenup</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Eva Bell Tankford Seneca Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Seneca, Mo.</u> DATE <u>Jan. 8 1933</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Thompson Seneca, Mo.</u>		
20. FILED <u>710</u> 19 <u>33</u> <u>C. H. Harris</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to Jan 6 1933
 I last saw him alive on Jan 6 1933 Death is said to have occurred on the date stated above, at 11 am.
 The principal cause of death and related causes of importance were as follows:
a) apoplexy
b) a
c) a
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. H. Thompson, M. D.
 (Address) Seneca, Mo.

