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.

6484

1. PLACE OF DEATH

County Marion — Registration District No. 541 — File No. 66

Township Mason — Primary Registration District No. 3079 — Registered No. 66

City Hannibal (No. 2105 Patchen St. Ward)

2. FULL NAME Freddie Lee Tailor

(a) Residence, No. 2105 Patchen St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30th 1932

7. AGE — YEARS: — MONTHS: 9 — DAYS: 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Hannibal Mo

FATHER
13. NAME Chas. Tailor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County Mo

MOTHER
15. MAIDEN NAME Alice Saggsser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe City Mo

17. INFORMANT (ADDRESS) Chas Tailor 2105 Patchen St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet DATE 2/21/33 19

19. UNDERTAKER (ADDRESS) James O'Donnell Hannibal Mo

20. FILED Feb 23 1933 C C Clouner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1933 to Feb 20 1933

I last saw him alive on Feb. 18, 1933 Death is said to have occurred on the date stated above, at 6:15 p.m.

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

Lobar Pneumonia — Date of onset Feb. 12. 33

108 108

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) P. J. Reichmann, M. D.

(Address) Oakwood. Mo.