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

Do not use this space.

20168

**1. PLACE OF DEATH**

51 County Johnson Registration District No. 427  
 Townshp. Jackson Primary Registration District No. 5592  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

**2. FULL NAME**

Oliver Perry 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 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|  |  |                         |              |  |  |
|--|--|-------------------------|--------------|--|--|
| <b>3. SEX</b>  | <u>Male</u>  | <b>4. COLOR OR RACE</b> | <u>White</u> | <b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</b> | <u>Widower</u>   |
| <b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>      |  |                         |              |  |  |
| <u>Margaret M. Tackett</u>   |  |                         |              |  |  |
| <b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b>                           |  |                         |              |  |  |
| <u>Dec 8 - 1872</u>  |  |                         |              |  |  |
| <b>7. AGE</b>  |  |                         |              |  |  |
| YEARS  | <u>60</u>  | MONTHS                  | <u>6</u>     | DAYS   | <u>2</u>   |
|  |  |                         |              | If LESS than 1 day, _____ hrs. or _____ min.                     |  |
| <b>OCCUPATION</b>  | <b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> |                         |              |  |  |
|  | <u>Farmer</u>  |                         |              |  |  |
|  | <b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>          |                         |              |  |  |
| <b>10. Date deceased last worked at this occupation (month and year)</b> |  |                         |              |  | <b>11. Total time (years) spent in this occupation</b> |
|  |  |                         |              |  |  |
| <b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>                  |  |                         |              |  |  |
| <u>Johnson County Missouri</u>   |  |                         |              |  |  |
| <b>FATHER</b>  | <b>13. NAME</b>  |                         |              |  |  |
|  | <u>Charles Tackett</u>   |                         |              |  |  |
| <b>MOTHER</b>  | <b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>  |                         |              |  |  |
|  | <u>Don't know</u>  |                         |              |  |  |
| <b>15. MAIDEN NAME</b>   |  |                         |              |  |  |
| <u>Elegene Keen</u>  |  |                         |              |  |  |
| <b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>                  |  |                         |              |  |  |
| <u>Don't know</u>  |  |                         |              |  |  |
| <b>17. INFORMANT (ADDRESS)</b>   |  |                         |              |  |  |
| <u>Mrs P. L. O'Brien Holden Mo.</u>                                      |  |                         |              |  |  |
| <b>18. BURIAL, CREMATION, OR REMOVAL PLACE DATE</b>                      |  |                         |              |  |  |
| <u>Palmer Cemetery June 12, 1933</u>                                     |  |                         |              |  |  |
| <b>19. UNDERTAKER (ADDRESS)</b>  |  |                         |              |  |  |
| <u>T. H. Goodrich Holden Mo.</u>   |  |                         |              |  |  |
| <b>20. FILED</b>   |  |                         |              |  |  |
| <u>June 12, 1933. Edward A. O'Brien, M.D. Registrar.</u>                 |  |                         |              |  |  |

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** June 11, 1933

**22. I HEREBY CERTIFY** That I attended deceased from June 11, 1933, to June 11, 1933  
 I first saw him alive on Wednesday, 6/9/33 Death is said to have occurred on the date stated above, at 7:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
viewed body after death. He died from gunshot wound in head. He accepted talley shot himself at his elbow.  
 Other contributory causes of importance:  
184 184

**Name of operation** none **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? accident **Date of injury** 6/11, 1933  
 Where did injury occur? at his home  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
at home  
**Manner of injury** shot  
**Nature of injury** head

**24. Was disease or injury in any way related to occupation of deceased?** \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Wm. W. Waller M. D.  
 (Address) Warrensburg Mo.

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.

OCT 18 1954