

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

File this
Do not use this space.

JAN 26 1934

1. PLACE OF DEATH

County *Scott*

Registration District No. *837*

Township *11*

Primary Registration District No. *6670*

City *Sikeston* (No. *4-5-5*)

File No. *1342270*

Registered No. _____

St. _____ Ward _____

2. FULL NAME *Margaret Tanner*

(a) Residence, No. *King Highway* St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *0* yrs. *0* mos. *0* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 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 *Single*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 15 - 1863*

7. AGE YEARS *70* MONTHS *2* DAYS *20* If LESS than 1 day, hrs. 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. *House work.* 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) *Scott County Missouri*

MOTHER 13. NAME *Samuel Tanner*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scott County Missouri*

MOTHER 15. MAIDEN NAME *Ameliga Evans*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scott County Missouri*

17. INFORMANT *Mrs. J. H. Tanner* (ADDRESS) *Sikeston, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Sikeston, Mo.* DATE *Dec. 5* 19*33*

19. UNDERTAKER (ADDRESS) *H. J. A. Clark Sikeston, Mo.*

20. FILED *11/10* 19*33* *H. J. A. Clark* Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 4* 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 1* 19*33* to *Dec. 4* 19*33*

I last saw her alive on *Dec. 4* 19*33* Death is said

to have occurred on the date stated above, at *8 P. m.*

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

Senility
Chronic Cardiac
Valvular Disease
46B
92A
46
Other contributory causes of importance
15 Malnutrition
Probably Ca of the
Stomach
Name of operation *none* 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? _____ 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? _____

If so, specify _____

(Signed) *Thomas C. Mc Cleere*, M. D.

(Address) *Sikeston, Mo.*

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.

