

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

Do not use this space.

8367-

1. PLACE OF DEATH *Dade*
 County *Dade* Registration District No. *235*
 Township *South Morgan* Primary Registration District No. *5320*
 City *Dadeville* (No. *1*) St. *Dade* Ward *1*

2. FULL NAME *Marceretta Tarant*
 (a) Residence, No. *101* St. *Dade* Ward *1*
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred *7* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widow. J.C. Tarant*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *J.C. Tarant*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 10 1934*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>7</i>	<i>9</i>	<i>4</i>	<i>0</i>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *housewife*

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) *Dadeville, Mo.*

FATHER

13. NAME *Wick Morgan*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ferredhant Ind.*

MOTHER

15. MAIDEN NAME *Nancy Worley*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ferredhant Ind.*

17. INFORMANT *Pete Morgan*
 (ADDRESS) *Dadeville Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Rice Cemetery* DATE *Mar 13 1934*

19. UNDERTAKER *Will Moss*
 (ADDRESS) *Dadeville Mo.*

20. FIXER *Wick 13* 1934 *Morris Miller*
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 12 1934*

I HEREBY CERTIFY, That I attended deceased from *Jan 10 1934* to *Mar 12 1934*

I last saw her alive on *Mar 11 1934* Death is said to have occurred on the date stated above, at *4 A. M.*

The principal cause of death and related causes of importance were as follows:
Influenza
Chronic Bronchitis 1932

Date of onset *Mar 1*

Other contributory causes of importance:
Chronic Bronchitis 1932

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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.
Home

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify _____
 (Signed) *B. B. Kirby* M. D.
 (Address) *Dadeville Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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2029

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