

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

Do not use this space.

1. PLACE OF DEATH

County Bartour Registration District No. 41 File No. 23130
 Township Ozark Primary Registration District No. 5064 Registered No. _____
 City _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME

John Tamm
 (a) Residence No. Liberals 716 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>71L</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>7K</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Tamm</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 28 1851</u>		
7. AGE	YEARS	MONTHS
<u>83</u>	<u>0</u>	<u>24</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Retired Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>Self.</u> (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Luzern Switzerland</u>		
10. NAME OF FATHER <u>Unknown</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
12. MAIDEN NAME OF MOTHER <u>Unknown</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
14. INFORMANT <u>Millie Tamm</u> (Address) <u>Liberals Mo.</u>		
15. FILED <u>July 24 1934</u> <u>F.H. Ziegler</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24th 1934

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1934 to July 24, 1934 that I last saw him alive on July 24, 1934, and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary occlusion

ad. 16
162 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. at home

DID AN OPERATION PRECEDE DEATH? 0 DATE OF _____

WAS THERE AN AUTOPSY? 0

WHAT TEST CONFIRMED DIAGNOSIS? Physicial Sign
 (Signed) F.H. Ziegler, M. D.
 (Address) Liberals Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
1007 Country Liberal July 25 1934

20. UNDERTAKER ADDRESS
Berkey Tamm Service Mulhenny
Kearl

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.

AUG 8 - 1934

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