

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

Do not use this space.

FEB 15 1935

797
6040 6040 3968

1. PLACE OF DEATH

County Saline Registration District No. 6040 File No. 6040
Township Miami Primary Registration District No. 797 Registered No. 1
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(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 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. S. C. Tatt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-13-1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 9 1

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

MOTHER 13. NAME Henry Tatt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Ida Clemans

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs. S. C. Tatt

18. BURIAL, CREMATION, OR REMOVAL no
PLACE near Miami DATE Jan 29 1935

19. UNDERTAKER (ADDRESS) Gordon & Salzer

20. FILED 1-24 1935 Mrs. Aubrey Haynie Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-18-1935

22. I HEREBY CERTIFY, That I attended deceased from May 10 1934 to Jan 18 1935

I last saw him alive on Jan 16 1935. Death is said to have occurred on the date stated above, at 7-8 m.

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

Myocardial insufficiency Date of onset ?

Other contributory causes of importance: 9200

General anaemia 1934

Name of operation _____ Date of _____
What test confirmed diagnosis? Chlorid 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? No
If so, specify _____

(Signed) A. B. Bostman, M. D.
(Address) Marshall 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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