OCT 2 5 1935

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

Do not use this space.

30168

File No.

Registered No. 54

1. PLACE OF DEATH

County Monroe

Township Jackson

City (No. , St. Ward)

Registration District No. 582

Primary Registration District No. 5779

2. FULL NAME A. Tanner

(a) Residence, No. Monroe Co., Infirmary St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): ~~Married~~ Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: N.K.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): N.K

7. AGE: YEARS 77 | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

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): N.K.

FATHER

13. NAME: N.K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.K.

MOTHER

15. MAIDEN NAME: N.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.K.

17. INFORMANT (ADDRESS): Infirmary Records Paris Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Santa Fe, Mo. DATE 9/24 1935

19. UNDERTAKER (ADDRESS): None

20. FILED 9/23 1935 H. C. Pounds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/23 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1935, to Sept 23 1935

I last saw him alive on Sept 23 1935 Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Acute Pancreatitis — Date of onset N.K.

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Other contributory causes of importance: Chronic Nephritis — N.K.

Name of operation: Date of:

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) Geo. M. Rapp, M. D.

(Address) Paris, 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.