

FEB 23 1936

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

Do not use this space.

4241

1. PLACE OF DEATH

County.....

Registration District No. 859

Township.....

Primary Registration District No. 6130

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 J W Tammur

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

July 10 1851

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

8/4

2

21

OCCUPATION

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

Retired Teacher

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

FATHER

13. NAME

Joseph R Tammur

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

Ohio

MOTHER

15. MAIDEN NAME

Agnes Know

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Fort Knox

17. INFORMANT
(ADDRESS)Mrs J W Tammur
Hollister Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Hollers Knob Jan 2 1936

19. UNDERTAKER
(ADDRESS)R O Whelch
Transton Mo

20. FILED 1/1

1936

John H Baste
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 1 1936

22. I HEREBY CERTIFY That I attended, deceased from

Dec 12 1935, to Jan 1 1936

I last saw him alive on Dec 31 1935. Death is said

to have occurred on the date stated above, at 11:00 p.m.

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

Old Age Senility

Date of onset

Other contributory causes of importance:

None

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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)

Harry T. Evans, M. D.

(Address)

O Brannon, 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.

