MAR 4 1936

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

Do not use this space.

5246

1. PLACE OF DEATH

County Daviess — Registration District No. 233 — File No. 2

Township Jackson — Primary Registration District No. 6363 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Vernie Estes Tague

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

Length of residence in city or town where death occurred Life 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 Allie Tague

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1895

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
41	0	8	

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. Farm
10. Date deceased last worked at this occupation (month and year) Feb. 17, 1936
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co Missouri

FATHER

13. NAME J. T. Tague
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Fannie Rader
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co. Missouri

17. INFORMANT (ADDRESS) Mrs. Allie Tague Lock Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Clear Creek DATE Feby. 19, 1936

19. UNDERTAKER (ADDRESS) Hope Furniture & Unat. Co Gallatin Missouri

20. FILED Feb 18, 1936 A G Minnick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 17, 1936

22. I HEREBY CERTIFY, That I ~~attended~~ VIEWED deceased from Feby. 17, 1936, to ....., 19..

I last saw him ~~alive on~~ dead Feby 17, 1936 Death is said to have occurred on the date stated ~~above~~ about 10:30 AM

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

	Date of onset
Aortic Aneurysm	2-17-36
96	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) L. O. Richesson Coroner ~~M.D.~~

(Address) Gallatin 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.