

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.

Mar 26 1936

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

Do not use this space.

11279

1. PLACE OF DEATH

County Johnson Registration District No. H 29
 Township Montserrat Primary Registration District No. S-5-93
 City (No.) St. Ward

File No. 10
 Registered No. _____

2. FULL NAME

David Tandy

(a) Residence, No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Tandy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 25 1870

7. AGE YEARS 64 MONTHS 4 DAYS 28 If LESS than 1 day, hrs. or min.

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

MOTHER FATHER 13. NAME Arthur Tandy

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Josie Campbell (ADDRESS) Montserrat

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrensburg DATE Mar. 25 1936

19. UNDERTAKER Sweeney-Phillips (ADDRESS) Warrensburg, MO

20. FILED Mar 24 1936 JA Koch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1936 to March 23, 1936

I last saw him alive on March 23, 1936 Death is said to have occurred on the date stated above, at 1 A. m.

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

① Pericardial pneumonia Date of onset Mar 17

Other contributory causes of importance:

① Endarteritis obliterans
Resulting in gangrene
of left leg toe.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Herb Hoover, M. D.
 (Address) Warrensburg, Mo

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