

JUL 25 1936

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

Do not use this space.

23921

1. PLACE OF DEATH

County Rolls
Township Center Mo.
City Center Mo. (No. Center Mo.)

Registration District No. 725
Primary Registration District No. 5-45-6

File No.
Registered No.
St. Ward)

2. FULL NAME

Thomas G. Tenney
(a) Residence, No. Center Mo. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67. 4 2

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. unemployed
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) Illinois

13. NAME Frank Tenney

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

15. MAIDEN NAME Mary Clinton

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

17. INFORMANT (ADDRESS) Winifred Elliott
Center Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul DATE June 28, 1936

19. UNDERTAKER (ADDRESS) Clyde C. Wilkey
Center Mo.

20. FILED June 28, 1936 G. T. Howard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1936

22. I HEREBY CERTIFY That I attended deceased from June 8, 1936, to June 27, 1936
I last saw him alive on June 25, 1936. Death is said to have occurred on the day stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

apoplexy
Date of onset 6/25/36

Other contributory causes of importance: None known

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) Dr. C. H. Brooke M. D. 6
(Address) Center, Mo.

