

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

JUL 14 1936

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. ....)

791

1003

File No.....

24355

Registered No.....

5969

Ward)

2. FULL NAME

(a) Residence, No. ....

(Usual place of abode)

St. ....

19 Ward.

(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?

.....

.....

.....

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

Artie Vanzandt

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

April 13, 1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

50

1

27

OCCUPATION

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

Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Carthage, Mo.

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)

Robbery, Kansas

MOTHER FATHER

13. NAME

Franklin Tanner

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

Iowa

15. MAIDEN NAME

Caroline Watkins

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

Connecticut

17. INFORMANT (ADDRESS)

Artie Vanzandt  
3660 Olive Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Carthage, Mo. DATE June 10 1936

19. UNDERTAKER (ADDRESS)

Provoost and Co  
3710 W. Grand

20. FILE

JUN 9 1936

J. F. Braddock Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/19/36 .19

22. I HEREBY CERTIFY, That I attended deceased from 6/15/36, 19, to 6/19/36, 19.

I last saw him alive on 6/19/36, 19. Death is said

to have occurred on the date stated above, at 9 a. m.

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

Lymphosarcoma of the nasopharynx ? Date of onset

Other contributory causes of importance:

Secondary meningitis (agen-  
sur not known) acid  
also hemorrhage from tumor

Name of operation Airpuff Date of 7/23/36

What test confirmed diagnosis?opsy Was there an autopsy? yes

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.....

Was disease or injury in any way related to occupation of deceased? Yes

If so, specify.....

(Signed) Allen Pepple M. D.

(Address) 3427 Washington Ave

