

NOV 4 1936

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

Do not use this space.

39164

## 1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City *St. Louis*(No. *1116 Bates St*)

File No. ....

Registered No. *10195*

St. .... Ward)

2. FULL NAME *Florence Tanner*(a) Residence, No. *1116 Bates St.*, Ward. *1*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *15* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

|  |                                  |   |
|--|----------------------------------|---|
| 3. SEX<br><i>Female</i>  | 4. COLOR OR RACE<br><i>White</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><i>Married</i> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Charles Tanner</i> |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>aug 27 - 1906</i>                       |                                  |   |
| 7. AGE   | YEARS<br><i>30</i>               | MONTHS<br><i>1</i>  |
|  | DAYS<br><i>11</i>                | IF LESS than 1 day, .....hrs. or .....min.                                  |

|   |   |
|---|---|
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><i>Housewife</i> |
|   | 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) *Collinsville Mo*13. NAME *Thaddeus Summers*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Washington Ark*15. MAIDEN NAME *Hanna Bradley*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Logansport Ark*17. INFORMANT *Mr. Charles Tanner*  
(ADDRESS) *1116 Bates St*18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Memorial Park* DATE *Oct 10 1936*19. UNDERTAKER *L. B. Tanner*  
(ADDRESS) *6107 Natural Bridge Rd.*20. FIED *3:30* 6 19 *190*  
*J. Brebeck* Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 8, 1936*22. I HEREBY CERTIFY, That I attended deceased from *August*, 19*35*, to *Oct. 8,* 19*36*I last saw h. e. alive on *Oct 8*, 19*36* Death is saidto have occurred on the date stated above, at *3:15* A.m.

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

Date of onset

*Pulmonary Tuberculosis 1932*Other contributory causes of importance: *23*Name of operation *none* 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? *no*

If so, specify .....

(Signed) *J. J. Ryan* M. D.(Address) *13199 S. Grand St.*

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.

