

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.

JAN 4 0 1937

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

Do not use this space.

46211

1. PLACE OF DEATH

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1003  
City St. Louis, Mo. (No. 4787 A. Greer Ave. St. .... Ward)

2. FULL NAME Mary Tackett

(a) Residence, No. 4787 A. Greer Ave. St. 6 Ward.

(Usual place of abode) (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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles B. Tackett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5th. 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
90 2 0

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

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

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) Virginia Warrin

MOTHER / FATHER 13. NAME William Dornin

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

15. MAIDEN NAME Isabell Frazier

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

17. INFORMANT C. F. Tackett (ADDRESS) 4787 A. Greer Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 12/7/36

19. UNDERTAKER (ADDRESS) Trusted Und. Co.  
3710 N. Grand Blvd.

20. FILED DEC 7 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5th. 1936

22. I HEREBY CERTIFY, That I attended deceased from .....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 7:40 A.M.

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

Senile Debility  
Arterio Sclerosis  
Other contributory causes of importance:  
97

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

What test confirmed diagnosis?..... Was there an autopsy?

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) Alfred J. Perry M. D.

(Address) Deputy Coroner

