

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.

JAN 10-1937 Duplicate
JAN 7 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

46701

1. PLACE OF DEATH

County..... Registration District No. 1003
Township..... Primary Registration District No.
City St. Louis (No. Missouri Pacific Hospital) St. Ward

File No.....
Registered No. 12495
St. Ward

2. FULL NAME

Everett Tarrants

(a) Residence, No. 4331 DeTonty St. St. 17 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? yrs. mos. ds.

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 unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1894-1-6

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 11 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Air man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Missouri Pacific R.
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

MOTHER FATHER
13. NAME Samuel Tarrants,

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

15. MAIDEN NAME Amanda Baker,

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

17. INFORMANT Ann James,
(ADDRESS) 4331 DeTonty st.

18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Bluff, Mo. Date 12/22/36

19. UNDERTAKER (ADDRESS) Clayton road at Concordia Lake

20. FILED DEC 24 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1936 to Dec. 20, 1936
I last saw h.i.m. alive on Dec. 17, 1936. Death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset Dec. 17
Pulmonary infarction Dec. 17

Other contributory causes of importance: 107a

Name of operation..... Date of.....
What test confirmed diagnosis? X-ray 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) Marvin J. Hall, Jr., M. D.
(Address) Missouri Pac. Hosp.

