

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.

FEB 16 1937

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

Do not use this space.

708

1. PLACE OF DEATH

County Cole
Township Jefferson
City (No. _____)

Registration District No. 213
Primary Registration District No. 5293

File No. _____
Registered No. 44
St. _____ Ward _____

2. FULL NAME Willis W. Tanner

(a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-28-1902</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>2</u>
	DAYS <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Printer</u>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

MOTHER FATHER 13. NAME James Donald Tanner

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

MOTHER 15. MAIDEN NAME Maud Kennedy

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

17. INFORMANT U. S. Tanner
(ADDRESS) Andmore, Okla.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Andmore, Okla. DATE 23- 1937

19. UNDERTAKER W. H. ...
(ADDRESS) Jefferson City, Mo.

20. FILED 1/23/37 1937 H. B. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/16/1937

22. I HEREBY CERTIFY, That I attended deceased from 1.16/1937 to 1.16/1937
I last saw him alive on 1.16/1937. Death is said to have occurred on the date stated above, at 1 A. m.
The principal cause of death and related causes of importance were as follows:

Fractured skull

Other contributory causes of importance

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? homicide. Date of injury 1/16/1937

Where did injury occur? Ni. 50. Cole Co. Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public highway

Manner of injury Collision Auto + train

Nature of injury Fractured skull

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

If so, specify _____

(Signed) W. B. ... M. D.

(Address) Jeff. City. Mo.

