

MAR 20 1937

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

Do not use this space.

6772

1. PLACE OF DEATH

County Jasper
Township Jackson
City Mo (No. _____, St. _____, Ward _____)

Registration District No. 408
Primary Registration District No. 5563

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. Jasper Mo St. _____ Ward. 1
(Usual place of abode) Castle Hill (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 3 mos. 17 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep-19-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
73 4 11

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

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

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

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

13. NAME George Tanner

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

15. MAIDEN NAME Manda Hartley

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

17. INFORMANT T. A. Troutman (ADDRESS) Carthage Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem. Jasper DATE Feb. 1, 1937

19. UNDERTAKER L. A. Hartman (ADDRESS) Jasper Mo

20. FILED Feb 1, 1937 L. B. Colinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-1-35 19, to 1-30-37 19

I last saw him alive on 1-30-37 19. Death is said to have occurred on the date stated above, at 9:20 P. m.

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

Rt Cerebral Hemorrhage Date of onset 1-28-37

Other contributory causes of importance: arteriosclerosis

Name of operation Jan Date of Mo
What test confirmed diagnosis? Jan 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?
If so, specify Water M. Howard, M. D.
(Signed) Carthage, Mo
(Address) _____

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.

