

APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Franklin. 36
Township.....
City Washington, Mo. (No.) St. Ward)

Registration District No. 297
Primary Registration District No. 3016

File No. 11834
Registered No. 29

2. FULL NAME Charles Tamm

(a) Residence, No. 121 Jefferson, Washington, Mo. 1st Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 8 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF FORWIFE OF <u>Lettie Tamm.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 8th, 1860.</u>		
7. AGE	YEARS	MONTHS
<u>76</u>	<u>8</u>	<u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe-merchant.</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Shoe Store.</u>		
10. Date deceased last worked at this occupation (month and year) <u>Feb. 1936.</u>		11. Total time (years) spent in this occupation <u>55 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Washington,</u> (STATE OR COUNTRY) <u>Missouri.</u>		
13. NAME <u>George Tamm.</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Frankfort,</u> (STATE OR COUNTRY) <u>Germany.</u>		
15. MAIDEN NAME <u>Caroline Mittler.</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>St. Louis,</u> (STATE OR COUNTRY) <u>Missouri.</u>		
17. INFORMANT <u>Mrs. Lettie Tamm.</u> (ADDRESS) <u>Washington, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington, Mo.</u> DATE <u>Mar. 30th, 1937</u>		
19. UNDERTAKER <u>Nieburg & Vitt, Inc.,</u> (ADDRESS) <u>Washington, Mo.</u>		
20. FILED <u>Mar. 29-1937</u> <u>180 May</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 193722. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1934, to March 27, 1937I last saw him alive on March 26, 1937. Death is saidto have occurred on the date stated above, at 7:20 a.m.

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

Apoplexy Date of onset March 1937

Other contributory causes of importance:

Rheumatic Pericarditis Jan. 1934

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

What test confirmed diagnosis? no test Was there an autopsy? no23. 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) F. H. Manfain, M. D.(Address) Washington, Mo.

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.

