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

Do not use this space.

NOV 19 1937

38294

1. PLACE OF DEATH

County: Monroe 2 — Registration District No. 582 — File No.

Township: Jackson 1 — Primary Registration District No. 5779 — Registered No. 51

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: ROBERT EDWARD TANZEY

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

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: JESSE TANZEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): OCT. 16, 1869

7. AGE: YEARS 68 — MONTHS 0 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Oct. 1937

11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MONROE CO., MISSOURI

FATHER

13. NAME: BENJ. H. TANZEY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): VA.

MOTHER

15. MAIDEN NAME: MILDRED HOCKER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KY.

17. INFORMANT (ADDRESS): CHAS. TANZEY, PARIS, MO.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Cedar Grove — DATE: Nov. 2, 1937

19. UNDERTAKER (ADDRESS): Speed & Blakey, Paris Mo.

20. FILED 11-1, 1937 K. C. Payne, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1937, to Oct 31, 1937. I last saw him alive on Oct 31, 1937. Death is said to have occurred on the date stated above, at 11:00 P. m.

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

Cerebral Hemorrhage — Date of onset 10/24/31

Other contributory causes of importance: Chronic Nephritis

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

What test confirmed diagnosis? none — 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? no

If so, specify .....

(Signed) Geo. M. Rogers, M. D.

(Address) Paris, 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.