

DEC 21 1937

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

Do not use this space.

41667

## 1. PLACE OF DEATH

County Johnson Registration District No. 429  
Township MONTSEERRAT Primary Registration District No. 55-93  
City ANNOBROSTER (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Henry E. Tacke  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

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 BERTHA TACKE  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 14 1863  
7. AGE YEARS 74 MONTHS \_\_\_\_\_ DAYS 11 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25 193722. I HEREBY CERTIFY, That I attended deceased from Aug 1 1937, to Nov 25 1937I last saw him alive on Nov 25 1937 Death is saidto have occurred on the date stated above, at 12:48 p.

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

① Carcinoma of Stomach 1936 Date of onset \_\_\_\_\_

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) Nov. 1936 11. Total time (years) spent in this occupation 30yrs

Other contributory causes of importance:

② Arteriosclerosis12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CAIRO MOName of operation no Date of \_\_\_\_\_What test confirmed diagnosis? clinical Was there an autopsy? no13. NAME DON'T KNOW14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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.15. MAIDEN NAME DON'T KNOW16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GermanyManner of injury no

Nature of injury \_\_\_\_\_

17. INFORMANT (ADDRESS) Julius Tacke ANNOBROSTER MO18. BURIAL, CREMATION, OR REMOVAL PLACE CASCO MO DATE Nov. 27 193724. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

19. UNDERTAKER (ADDRESS) L. C. FERTIG & SON NEW HAVEN MO(Signed) H. W. Groves M. D.20. FILED \_\_\_\_\_ 19\_\_\_\_ J. A. Koch Registrar.(Address) Annobroster, Mo

N. B. Every item of information should be as accurate as possible. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

