

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

Do not use this space.

2893

1. PLACE OF DEATH

42 County Franklin
3 Township Calhoun
1 City Calhoun (No. 1) St. _____ Ward _____

Registration District No. 349
Primary Registration District No. 4207

File No. _____
Registered No. 2

2. FULL NAME

(a) Residence, No. 8 Calhoun Mo. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 13 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5-38

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Francis Tanner

22. I HEREBY CERTIFY, That I attended deceased from Mo 1936 to Jan 5, 1938
I last saw h alive on Jan 5, 1938. Death is said to have occurred on the date stated above, at 1:30 PM.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 27-1867

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

7. AGE YEARS 70 MONTHS 3 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

Valvular regurgitation of the heart Date of onset Do not know

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) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo

13. NAME Wm. Calhoun Tanner

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

15. MAIDEN NAME Ethelbert Burnett

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

17. INFORMANT (ADDRESS) Mrs. Francis Tanner Calhoun Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun DATE 1-7-38

19. UNDERTAKER (ADDRESS) Fred Williams Calhoun Mo

20. FILED 1-6 1938 Mrs. A. A. Gray Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? NA Date of injury 1-5-38, 1938
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) D. A. Ballard M. D.
(Address) Calhoun Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH