REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Benton 2 1
Township: Tour
City: (No. ..... St. ..... Ward)
Registration District No.: 61
Primary Registration District No.: 5096
File No.: 6002
Registered No.: 7

2. FULL NAME: James Martin Tanner 560
(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: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 11, 1903
7. AGE: YEARS 34 MONTHS 6 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic
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): June 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Erin Tenn 1

FATHER
13. NAME: James Tanner 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn. 1

MOTHER
15. MAIDEN NAME: Anna Reddick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Anna Reddick Bargar, Texas.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Warsaw Mo DATE: 2/15 1938
19. UNDERTAKER (ADDRESS): E M White Warsaw, Mo.
20. FILED: 2/15 1938 Jas A Logan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-11- 1938
22. I HEREBY CERTIFY, That I attended deceased from Never, 19..., to ✓, 19...
I last saw him alive on Never, 19... Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:
Gun shot wound Accidental Shot in Chest in a scuffle over a 22 rifle
Date of onset
Other contributory causes of importance: 184 17
Name of operation: Coroner Inquest Date
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide: Accident Date of injury 2-11- 1938
Where did injury occur? Near Warsaw Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Near home
Manner of injury: Gun shot in chest
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D S Peser Coroner, M. D.
(Address) Cole Camp Mo

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.
V. S. No. 2