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.

REC'D APR 23 1938

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

Do not use this space.

1. PLACE OF DEATH
County Stoddard — Registration District No. 838 — File No. 12271
Township — Primary Registration District No. 4509 — Registered No.
City Dexter (No. ..., ... St. ... Ward)

2. FULL NAME Thomas Monroe Tankersley 521
(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) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15 1863
7. AGE YEARS 74 MONTHS 5 DAYS 13 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blind part 25 yrs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Bloomfield, Mo. 0

FATHER
13. NAME Wm Tankersley 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 9

MOTHER
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Wm R. Tankersley Dexter, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Walker Cem DATE 2/27 1938
19. UNDERTAKER (ADDRESS) Blankenship-Strickland Dexter, Mo.
20. FILED 4/10 1938 Margaret Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1938
22. I HEREBY CERTIFY That I attended deceased from Unattended, 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1:45 p.m.
The principal cause of death and related causes of importance were as follows:
Suicide
Carbolic acid - taken about 11:30 A.M.
Date of onset
Other contributory causes of importance: 163
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy No
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? ...
If so, specify ...
(Signed) John Wilson, M. D.
(Address) Bloomfield, Mo.
Coroner Stoddard Co.

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