

SEP 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin  
Township Independence  
City (No. ....) St. .... Ward)

Registration District No. 288  
Primary Registration District No. 3406

File No. 28803

Registered No. .... St. .... Ward)

2. FULL NAME

Rosie Tanner 51.0

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. E. Tanner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
51 1 -

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

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) 1935 11. Total time (years) spent in this occupation 4 1/2

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

13. NAME Thomas Blocher

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

15. MAIDEN NAME Inf. Brown

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

17. INFORMANT Eva Wells

(ADDRESS) Harriet Mo. R 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunruch DATE Aug 23 1938

19. UNDERTAKER Samuel F. Farnell Home

(ADDRESS) Dunklin Mo.

20. FILED Aug 23 1938 W. H. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 1938

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw him alive on ... 19... Death is said to have occurred on the date stated above, 10 5 m.

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

Spent Curbed when  
run over by a tractor  
while mowing hay.

Other contributory causes of importance:  
Verdict of Coroner's jury.

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

(Signed) George ...  
(Address) Harriet 740

WHITE PEARL WITH GRADING 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.

