

1 PLACE OF DEATH

DECD APR 20 1939

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Do not use this space

County PemiscottTownship HallowellRegistration District No. 656Primary Registration District No. 6281File No. 11805

Inc. Town or City _____

(No. _____ St.; _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

560 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.

2. FULL NAME Edward. Tanner

(a) Residence: No. _____

St., _____ Ward. _____

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

21. DATE OF DEATH Dec. 7th 1933, 19____

(Month, day, year)

Male

White

Single

22. I HEREBY CERTIFY, That I attended deceased from

12-7, 1933 to 12-7, 1933

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

I last saw h _____ alive on _____, 19____; death is said

to have occurred on the date stated above, at 1145a m.6. DATE OF BIRTH Dec. 7th 1933, 1____

Month

Day

Year

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

7. AGE

Years

Months

Days

If LESS than 1 day, give hrs. or 15 min.

Date of onset

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

Long hard labor with
card around neck

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance:

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)

Missouri

0

13. NAME OF FATHER J. M. Tanner

14. BIRTHPLACE OF FATHER (city or town) (State or country)

Ill15. MAIDEN NAME OF MOTHER Rosie. Taylor

16. BIRTHPLACE OF MOTHER (city or town) (State or country)

IllJ. M. Tanner

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? _____ 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 _____

17. INFORMANT (Address) Hermondale. Mo18. BURIAL, CREMATION, OR REMOVAL Place Sanford Date 12 8 193319. UNDERTAKER Cobb. Undertaking. Co (Address) Blytheville. ARK 58824. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) D. P. Boyd(Address) Blytheville Ark

M. D.

20. Filed 12-8 1933

Registrar.

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. See instructions on back of certificate.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

11800
Do not use this space.

1. PLACE OF DEATH
 (a) County Pemiscot Registration District No. 656
 (b) Township Holland Primary Registration District No. 6281
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eduard Tarnner
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 8
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 15
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 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) _____
 FATHER
 13. NAME J. M. Tarnner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 MOTHER
 15. MAIDEN NAME Rosie Taylor
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT (ADDRESS) J. M. Tarnner
Hermansdale mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sanford DATE 12-8 1933
 19. FUNERAL DIRECTOR (ADDRESS) Robb Undertaking
Blytheville Ark
 20. FILED 5-20 1939 Tomburgense Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 7 1933
 22. I HEREBY CERTIFY, That I attended deceased from 12-7 1933 to 12-7 1933
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Long Hard labor
and
around neck
 Date of onset _____
 Other contributory causes of importance: _____
 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? _____ 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) D. L. Bond M. D.
 (Address) Blytheville Ark

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S STATEMENT OF CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

