

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

Do not use this space.

42625

REC'D JAN 15 1940

1. PLACE OF DEATH

County Harrison

Registration District No. 341

Township

Primary Registration District No. 4204

City Ridgeway

(No.)

St.

Ward)

2. FULL NAME

Clifford W. Tanner

(a) Residence, No.

(Usual place of abode)

Ridgeway, Mo.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds.

How long in U. S., If of foreign birth?

ys. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word)

Married

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

Clara Prather

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

Aug 6, 1890

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

50

4

3

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.

Stock and Grain

10. Date deceased last worked at this occupation (month and year)

February 1928

11. Total time (years) spent in this occupation

20

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

Near Cainsville, Mo.

13. NAME

Peter Tanner

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

Circleville, Ohio

15. MAIDEN NAME

Lovica Wilson

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Morgan County, Indiana

17. INFORMANT (ADDRESS)

Mrs. Peter Tanner, Ridgeway, Missouri

18. BURIAL, CREMATION, OR REINTERMENT

PLACE

Yankee Ridge

DATE 12/11, 1940

19. UNDERTAKER (ADDRESS)

Ridgeway, Missouri

20. FILED

12/31/40

19.

Lehman

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from

Oct 10, 1940, to

I last saw him alive on Dec 8, 1940

Death is said to have occurred on the date stated above, at 4:20 p.m.

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

Myocarditis

Other contributory causes of importance:

Bright's disease

Name of operation

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?

Where did injury occur?

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. G. Reed, M. D.

Bethany, Missouri

(Address)

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.

