

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.

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

Do not use this space.

17169

1. PLACE OF DEATH

County Jackson
Township Kaw
City Hannas City, Mo. (No. 53rd & Highland Ave.)

Registration District No. 399
Primary Registration District No. 1002

File No. 2141
Registered No. 2141
St. 5 Ward

2. FULL NAME

(a) Residence. No. 53rd & Highland Ave. Ward. 5
(Usual place of abode) Home for the aged (If nonresident give city or town and State)
Length of residence in city or town where death occurred for the aged yrs. 5 How long in U.S., if of foreign birth? yrs. 5 mos. 5 ds. 5

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower of Mary Horne

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 — — — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) England
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER William Tamm

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Bestman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) in Kansas
(STATE OR COUNTRY)

14. INFORMANT St. Marie Auguste, sup. Luth. Scl.
(Address) 53rd & Highland Ave. 1st fl.

15. FILED 5-14-28 M. M. Brown
REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-12-28

17. I HEREBY CERTIFY That I attended deceased from May 1927 to 5-12-28 1928
that I last saw him alive on May 12, 1928, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis, nephritis, arteriosclerosis, senility

None (duration) yrs. 97 mos. 97 ds.

CONTRIBUTORY (SECONDARY) 129W (duration) yrs. 97 mos. 97 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

0 Did an OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) A. Lach-Roult, M. D.

5/12, 1928 (Address) 1034 Apple Red

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary's

DATE OF BURIAL 5/15/28

20. UNDERTAKER Lewis & Tabin

ADDRESS Lin + Main

