

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.

34517

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kan City

Registration District No. 399
Primary Registration District No. 1002
(No. 870- West 79)

File No. 3853
Registered No. 3853
St. Ward

2. FULL NAME

George Tamm
(a) Residence, No. 870- West 79 St. Ward
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 23-1868

7. AGE YEARS 70 MONTHS 5 DAYS 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Linerman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K.C. Power Lbr. Co.
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) New Jersey

13. NAME Fred Tamm

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Nellie Tamm
870 W. 29 St

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Oct 3 1938

19. UNDERTAKER (ADDRESS) Bergman Fun Home

20. FILED Oct 3 1938 M. A. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1938

22. I HEREBY CERTIFY, That I attended deceased from 1938

I last saw on Sept 29 1938 Death is said to have occurred on the date stated above, at 7:38 m.
The principal cause of death and related causes of importance were as follows:

Death by hanging
165

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 suicide Date of injury Sept 30-1938
Where did injury occur? at home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury found hanging at
Nature of injury 870 W 29th St

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify
(Signed) Victor H. Hutter M. D.
(Address) Gen Hosp; K.C. Mo

