

AUG 20 1930

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

Do not use this space.

22155

1. PLACE OF DEATH  
 County Boone Registration District No. 123  
 Township Apple Creek Primary Registration District No. 1776 a  
 City North Ridge (No. ....) St. .... Ward)

2. FULL NAME Carrie Lang Tacke  
 (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.

File No. ....  
 Registered No. 3  
 St. .... Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
 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 F. J. Tacke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 12 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
56. 10 17

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1930  
 17. I HEREBY CERTIFY, That I attended deceased from June, 1930, to July 29, 1930 that I least saw him alive on July 29, 1930, and that death occurred, on the date stated above, at 9:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Paralysis (Cerebral Hemorrhage)

824  
 829 duration yrs. 7 mos. .... ds.  
 CONTRIBUTORY (SECONDARY) 40 duration yrs. .... mos. .... ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Apple Creek Township  
 10. NAME OF FATHER Wm E Lange  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Apple Creek Township  
 12. MAIDEN NAME OF MOTHER Mary E Schütz  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Apple Creek Township

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) C. B. Bousman, M. D.  
 , 19 (Address) Oeds Appleton, Mo.

14. INFORMANT F. J. Tacke  
 (Address) Boone Ridge #1 Mo.  
 15. FILED 7-30 1930 C. B. Bousman REGISTRAR

\*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 M. E. Church Cemetery DATE OF BURIAL Aug 1930  
 20. UNDERTAKER McCombs Funeral & Undertaking Co ADDRESS Jackson Mo

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.

