

NOV 28 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Lafayette
 Township Plattin
 City Plattin Mo (No. 110)

Registration District No. 421
 Primary Registration District No. 5576

File No. 38112
 Registered No. 116
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. James Edward Tanager 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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.

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

9. Industry or business in which
 work was done, as silk mill,
 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)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Plattin Mo DATE Oct 20 1936

19. UNDERTAKER
(ADDRESS)20. FILED 11/20 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1936

22. I HEREBY CERTIFY, That I attended deceased from

held on highway 1936
 I last saw him alive on Oct 18 1936 Death is said

to have occurred on the date stated above, at 1:15 A.M.

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

Date of onset

Injuries resulting
from Automobile
Accident
Broken Neck

Other contributory causes of importance:

Happened on Hwy 61 5 mi. N. of Plattin Mo.

Name of operation

Date of

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? Accident Date of injury 10-18, 1936

Where did injury occur? Hwy 61 5 mi. N. of Plattin Mo.
 (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) R. D. Fanchet act Coroner M. D.(Address) Plattin Missouri

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.

