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.

NOV 10 1933

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

Do not use this space.

1. PLACE OF DEATH

County Morgan — Registration District No. 919 — File No. 33809

Township Hawcreek — Primary Registration District No. 4551 — Registered No. 156

City Stover (No. ..... St. ..... Ward)

2. FULL NAME George Martin Tambke

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

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~~ Emma Koch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10 - 1888

7. AGE: YEARS 45 — MONTHS 8 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
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) 10-2-33
11. Total time (years) spent in this occupation

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

FATHER

13. NAME Henry T. Tambke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover Germany

MOTHER

15. MAIDEN NAME Marguaret Brauer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Camp Mo.

17. INFORMANT (ADDRESS) Mrs Emma Tambke Stover, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Stover Cem. DATE Oct. 22 1933

19. UNDERTAKER (ADDRESS) C. R. Rapp & Son Stover

20. FILED Oct 28th 1933 Wm L Kipperger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10 - 3, 1933, to 10 - 19, 1933

I last saw him alive on 10 - 18, 1933. Death is said to have occurred on the date stated above, at 3:00 A.m.

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

	Date of onset
Burns - accidental (In burning building)	10-3-33
180	

Other contributory causes of importance:

Name of operation None — 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 10-3, 1933

Where did injury occur? Stover Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In deceased's drug store

Manner of injury Burns while attempting

Nature of injury to remove contents of drug store

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed) C H Brady, M. D.

(Address) Stover Mo