

APR 27 1936

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

Do not use this space.

13860

1. PLACE OF DEATH

County Webster
Township Grant
City Northview (No. _____)

Registration District No. 896
Primary Registration District No. 6199

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME

John C. Tarr

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 32 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 Minerva Tarr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 31, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
88 1 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburgh, Pa.

FATHER
13. NAME William Tarr
Pennsylvania

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

MOTHER
15. MAIDEN NAME Martha Martin
Pennsylvania.

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

17. INFORMANT Minerva Tarr
(ADDRESS) Northview Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Pisgah DATE Mar. 19, 1936

19. UNDERTAKER Rex Rainey, Marshfield, Mo.
(ADDRESS)

20. FILED Mar 27 1936 Elizabeth Highley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 193622. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1936 to Mar 19, 1936I last saw him alive on Mar 17, 1936 Death is saidto have occurred on the date stated above, at 9:45 P.M.

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

right lobar pneumonia
Date of onset

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? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (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) W. Schmitt, M. D.(Address) Northview Mo

