

DEC 3 1936

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

Do not use this space.

42811

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 5960 Highland Ave. St. Ward) Registered No. 11362

2. FULL NAME Charles Tenny.

(a) Residence, No. 5960 Highland Ave. St. 6 Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>the late Sophia Tenny</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 28, 1865</u>		
7. AGE	YEARS	MONTHS
	<u>71</u>	<u>1</u>
		DAYS
		<u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Printer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Globe-Democrate.</u>		
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) <u>Pennsylvania.</u>		
13. NAME <u>Samuel O. Tenny.</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Massachusetts.</u>		
15. MAIDEN NAME <u>Henrietta Davis.</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania.</u>		
17. INFORMANT <u>Ben Tenny</u> (ADDRESS) <u>5960 Highland Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clay Grove</u> DATE <u>November 17, 1936</u>		
19. UNDERTAKER <u>Geo. K. Pleitach, Inc</u> (ADDRESS) <u>5766 Eastern Ave.</u>		
20. FILE <u>NOV 16 1936</u> <u>J. W. Predeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from

June 20, 1926, to Nov 13, 1936
I last saw him alive on Nov 13, 1936 Death is said

to have occurred on the date stated above, at 9:30 a.m.

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

chronic myocarditis Date of onset

Other contributory causes of importance:

High Blood Pressure
chronic nephritis

Name of operation..... Date of.....

What test confirmed diagnosis? Phy 2 Was there an autopsy? no

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? no

If so, specify.....

(Signed) J. S. Hanson M. D.(Address) 5602 D. Street

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr J. L. Linn

5602 Delaware