

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

Do not use this space.

**1. PLACE OF DEATH**

County Dunklin Registration District No. 284  
 Township Wilton Primary Registration District No. 5404 B  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 32121

Registered No. \_\_\_\_\_

**2. FULL NAME**

Mattie Arcile Tanner (TANNER)

(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.

**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 Rudolph Tanner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1913

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>24</u>	<u>4</u>	<u>6</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Housewife</u>
	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) Jackson Co Mo

FATHER 13. NAME W. L. Vannasdale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Mo

MOTHER 15. MAIDEN NAME Fannie Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Mo

17. INFORMANT Dr. Vannasdale (ADDRESS) Wilton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stanfield Cem. DATE 1-23 1938

19. UNDERTAKER County Cemetery Co. (ADDRESS)

20. FILED Oct 10 1938 J. L. Anderson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-21 1938, to 1-22 1938

I last saw her alive on 1-22 1938 Death is said to have occurred on the date stated above, at 8 a. m.

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

Shock due to manual delivery during childbirth 1-18  
Periparturient Compressions.

Other contributory causes of importance: 1/31  
Hemorrhage  
Chronic interstitial nephritis

Name of operation high forceps Date of 1-22  
 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? \_\_\_\_\_ 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) Dr. B. L. Vannasdale, M. D.  
 (Address) Clarkton Mo

140

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

32121  
Do not use this space.

1. PLACE OF DEATH

(a) County Hunklin Registration District No. 286  
 (b) Township..... Primary Registration District No. 4169 Registered No.....  
 (c) City Garrison (d) Street No..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mathie Arcile Tanner

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
 I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at..... m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or ..... min.  
24 4 6

*Shaken due to manual delivery during chest -*

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

*fractured ribs*  
 Date of onset 121  
 Other contributory causes of importance:  
Neurosyphilis  
Chr. Interstitial nephritis 1935  
prior to pregnancy

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

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE....., 19.....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED....., 19..... J. B. Stimmey Local Registrar.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. No fee is charged for a copy of the statement of occupation if it is properly classified. Exact statement of occupation is very important.

S-32121