

DESD APR 19 1939

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

Do not use this space.

11638

1. PLACE OF DEATH

County Montgomery
Township Bearcreek
City Bellflower (No. 11)

Registration District No. 589
Primary Registration District No. 37870

File No. 11638
Registered No. 9/10
St. _____ Ward _____

2. FULL NAME Robert Lee Tancill

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

Length of residence in city or town where death occurred 20 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 Amy Clara Tancill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5 - 7 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 9

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. General duties
10. Date deceased last worked at this occupation (month and year) Mar - 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bridgetown, Missouri

FATHER 13. NAME Richard Tancill

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

MOTHER 15. MAIDEN NAME Leta Morris

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

17. INFORMANT (ADDRESS) Mrs Robert Tancill, Bellflower, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellflower, Mo. DATE Mar 18 1939

19. UNDERTAKER (ADDRESS) O. A. Jones, Bellflower, Mo.

20. FILED Mar. 17 1939 Mary Lou Plemer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 to Mar 16, 1939
I last saw him alive on Mar 1, 1939. Death is said to have occurred on the date stated above, at 10 A. m.

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

Angina Pectoris
Sudden Death
Date of onset _____

Other contributory causes of importance:
arteriosclerosis
chronic myocarditis
chronic interstitial nephritis

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? No
If so, specify _____
(Signed) A. H. Van Arsdale
8307 (Address) Bellflower, Mo.

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.

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