

REC'D APR 15 1939

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

10934

Do not use this space.

## 1. PLACE OF DEATH

(a) County Harrison <sup>2</sup> Registration District No. 340  
(b) Township White Oak Primary Registration District No. 5476 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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 JAMES MANROE TENNANT

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

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 3 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer  
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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Columbus Co  
(STATE OR COUNTRY) Wisconsin13. NAME John Tennant14. BIRTHPLACE (CITY OR TOWN) Scotland  
(STATE OR COUNTRY)15. MAIDEN NAME Christina Stewart16. BIRTHPLACE (CITY OR TOWN) Scotland  
(STATE OR COUNTRY)17. INFORMANT (ADDRESS) Mary Taylor  
Witchitawick Kans18. BURIAL, CREMATION, OR REMOVAL PLACE Foster DATE Mar 27 193919. FUNERAL DIRECTOR (NAME) W H Noble  
(ADDRESS) New Hampton20. FILED April 5 1939 J. S. Johnson  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24 193922. I HEREBY CERTIFY, That I attended deceased from March 6<sup>th</sup> 1939, to March 24<sup>th</sup> 1939

I last saw him alive on March 24<sup>th</sup> 1939. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Chronic Interstitial Nephritis  
(Artemic poisoning)  
121

Other contributory causes of importance:

Chronic Myocarditis

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 H Noble, M. D.(Address) Albany Mo

RECEIVED

District Health Officer No. 111

District File Number

39-278

Date Filed

APR 10 1933

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*W. M. Noble*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*W. M. Noble*

Licensed Embalmer No. *2904*

P. O. Address

*New Hampton Va*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.