

FB 20 1928

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

Do not use this space. 317

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township Joseph Primary Registration District No. 1001
 City St. Joseph (No. 511 1/2 n. 2nd)
 2. FULL NAME Martha Tate
 (a) Residence. No. 511 1/2 n. 2nd 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.

File No.
 Registered No. 129
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
 4. COLOR OR RACE negro
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Tate
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1856
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 unknown unknown
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) "
 (c) Name of employer "

9. BIRTHPLACE (CITY OR TOWN) Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY)

14. INFORMANT Geo Luckford
 (Address) 91

15. FILED John S. W. 19 1928
 REGISTRAR

✓ MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 29 - 1928
 17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927, to Jan 29, 1928
 that I last saw her alive on Jan 28, 1928, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Nephritis
11B
130 / 11B (duration) yrs. mos. 21 ds.
 CONTRIBUTORY Sagrippe
 (SECONDARY) (duration) yrs. mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS St. M O3 test
 (Signed) J D Seyton M. D.
1/31, 1928 (Address) St. Joseph, Mo.
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ashtland Cemetery DATE OF BURIAL Feb 1 - 1928
 20. UNDERTAKER J. F. Boushey Funeral Service ADDRESS 98 & Olive St

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.

