

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

Do not use this space.

18189

1. PLACE OF DEATH

County Madison Registration District No. 756 File No. _____
 Township Postage des Sioux Primary Registration District No. 5997 Registered No. 6
 City _____ (Name) _____ St. _____ Ward _____

2. FULL NAME

Mae Tate
 (a) Residence No. Unknown St. _____ Ward. Unknown
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Unknown
 (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov - 9 - 1859
7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
68 6 11
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Unknown
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Unknown
10. NAME OF FATHER Sam F Tate
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
 (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Sarah A
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
 (STATE OR COUNTRY) Unknown

14. INFORMANT Just H. Dellmeyer
 (Address) 700 N. 2nd St

15. FILE June 25 1928 C. A. Barnard
 REGISTRAR

9. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1928
17. I HEREBY CERTIFY, That I attended deceased from _____
field May 19 to May 20, 1928
 that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Haemorrhage
 (duration) yrs. mos. da. _____
CONTRIBUTORY (SECONDARY) Chronic Arterio-Sclerosis
 (duration) yrs. mos. da. not known

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Same
 (Signed) Otto B. Deak Coroner, M. D.
5/21, 1928 (Address) St. Charles 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 Oak Grove Cemetery **DATE OF BURIAL** June 2 1928

20. UNDERTAKER H. Dellmeyer **ADDRESS** 700 N. 2nd St

K. 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.

1928

