

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

Do not use this space.

28423

1. PLACE OF DEATH
 County Montgomery Registration District No. 392
 Township 10 Primary Registration District No. 2790
 City Montgomery Missouri St. _____ Ward _____

2. FULL NAME James J Tate
 (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 1 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 41
 Registered No. _____
 St. _____ Ward _____

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 Wendy Tate

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/20-1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
68 6 9

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) near
 (STATE OR COUNTRY) Missouri, Mo.

10. NAME OF FATHER N. M. Tate

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Jacoby Hardin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Callaway Co Mo

14. INFORMANT May Tate
 (Address) Wineola Mo

15. FILED 9/10 1929 Ed Bentley REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/24 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1928 to Aug 28, 1929 that I last saw him alive on Aug 10, 1929, and that death occurred, on the date stated above, at 3 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Infarction with cardiac hypertrophy and atherosclerosis
9210
95B (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) POW (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED _____
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
 (Signed) Brent Bentley M. D.

Sept 2, 1929 (Address) Montgomery 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 Sept 1 1929
near Wineola Mo

20. UNDERTAKER Chapman Montgomery ADDRESS Montgomery City Mo

70
 EP 25 1929

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.

PARENTS

