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

Do not use this space.

36660

1. PLACE OF DEATH
County Clay — Registration District No. 203 — File No.
Township Platte — Primary Registration District No. 5281 — Registered No.
City (No. St. Ward)

2. FULL NAME Clarance Bird Tate

(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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.

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~~

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-14-1886

7. AGE: YEARS 43 — MONTHS 1 — DAYS — If LESS than 1 day, hrs. or min.

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) (STATE OR COUNTRY): Clay Co. Mo.

PARENTS
10. NAME OF FATHER: Francis M. Tate
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Jassamine Co. Ky
12. MAIDEN NAME OF MOTHER: Mary Jane Cox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Clay Co. Mo.

14. INFORMANT: Mrs Mary Jane Tate
(Address) Smithville Mo R.F.D.

15. FILED 12/10 1929 E. C. Hill REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-14-1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1929, to Nov 13, 1929, that I last saw him alive on Nov. 13, 1929, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cirrhosis of Liver
124 B
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) In factor
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. J. Brooks, M. D.
Nov 14, 1929 (Address) Smithville 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: Paradise, Mo.
DATE OF BURIAL: 11-15-1929

20. UNDERTAKER: McComas Undt. Co.
ADDRESS: Smithville, 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.