

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

Do not use this space.

19583  
2504

1. PLACE OF DEATH Jackson  
 County..... Registration District No.....  
 Township Kaw Primary Registration District No.....  
 City Kansas City (No. 3601 Wyandotte) St. .... Ward)

2. FULL NAME George Washington Tate, Sr.  
 (a) Residence. No. 3601 Wyandotte St. 5 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary J. Tate

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 19, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
74 4 2

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Salesman (Hardware)  
 (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) Georgia

10. NAME OF FATHER Abraham Tate

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

12. MAIDEN NAME OF MOTHER Nellie Cannon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Georgia

14. INFORMANT Henry E. Tate  
 (Address) 6445 Wyandotte, K.C.Mo.

15. FILED 6/22 1930 M. M. Craun REGISTRAR  
asst.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21, 1930 1930

17. I HEREBY CERTIFY, That I attended deceased from June 21, 1930, to June 31, 1930 that I last saw him alive on June 31, 1930, and that death occurred, on the date stated above, at 6:10 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arteriosclerosis  
Hypertension  
Chl. nephritis & Myocarditis  
 (duration) 90 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Memoria  
 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical signs  
 (Signed) E. M. Peary, M. D.

6/21, 1930 (Address) 826 Angles Bldg

\*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 Mt. Moriah DATE OF BURIAL 6-23-30 1930

20. UNDERTAKER R. V. Lindsey & Sons, Inc. ADDRESS City, Mo  
Kans

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.

130  
2

WRITE PLAINLY IN INK WITH CAPSULES

