

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

Do not use this space.

1007

4

FFB 78 1931

PLACE OF DEATH
County Grundy Registration District No. 330
Township Trenton Primary Registration District No. 5459
City Trenton (No. about 1/4 mile from city of Trenton) Ward St. Trenton

2. FULL NAME Robert Melton Tate
(a) Residence, No. Hickory, Mo. 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 m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 10 - 1911

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
19 5 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RR. construction

10. Date deceased last worked at this occupation (month and year) Jan 29 - 1931 11. Total time (years) spent in this occupation 1 MO.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Wm E. Tate

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

15. MAIDEN NAME Lucy Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT (ADDRESS) Wm E. Tate Trenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove, Canton Feb 1 1931

19. UNDERTAKER (ADDRESS) Deposits Trenton, Mo

20. FILED 30 Jan 1931 E. A. Duffey

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1931

22. I HEREBY CERTIFY, That I attended deceased from Not at all, 1931
I last saw him alive on about Jan 15 1931. Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:
Overturning of dump truck. Step of truck crushing chest & causing instant death. Date of onset 2106

Other contributory causes of importance: None

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? 5

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 1-29 1931
Where did injury occur? Trenton Mo Grundy Co
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry - Building new Railroad
Manner of injury Automobile truck tipped over on top
Nature of injury Crushing injury lungs & chest

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Automobile truck tipped over on top
(Signed) OR Rocks Coroner, M. D.
(Address) Trenton Mo

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
U. S. No. 2.

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.

۳۶

۳۷

۳۸

۳۹

۴۰