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.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16243

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 4730

City St Louis (No. 4050, St Ferdinand St. ..... Ward)

2. FULL NAME Oscar Tatum

(a) Residence. No. 4150 St Ferdinand St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 28 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 9 - 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	52	7	10	

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

9. BIRTHPLACE (CITY OR TOWN) Glasgow
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John Tatum

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Clara Tatum
(Address) 4150 St. Ferdinand

15. FILED APR 20 1931, 19 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19 1931

17. I HEREBY CERTIFY, That I attended deceased from March 17, 1931, to April 19, 1931 that I last saw him alive on April 19, 1931, and that death occurred, on the date stated above, at 8:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cirrhosis of Liver
1245 B

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (SECONDARY) 1246

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Harry H. Meyer, M. D.

4/20, 1931 (Address) 4903 - Delmar

*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	DATE OF BURIAL
Glasgow Mo	4/23 1931
20. UNDERTAKER	**ADDRESS**
Vandover & Audsley	Glasgow, Mo