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

Do not use this space.

18607

File No.
Registered No.

61 2 31

1. PLACE OF DEATH
County Macon
Township Bevier
City ~~Bevier~~ (No. , St. Ward)

Registration District No. 527
Primary Registration District No. 5703

2. FULL NAME Owen 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 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~~: Bessie Tate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 23 - 1865

7. AGE: Years 65 | Months 5 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Doniphan Co. ~~Mo~~ Kans

FATHER
13. NAME: Zachary Tate
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Chariton Co. Mo

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Ill

17. INFORMANT (ADDRESS): Arthur Tate, Bucklin Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bucklin Mo DATE 5/4/31

19. UNDERTAKER (ADDRESS): W. G. Edwards, Bucklin Mo

20. FILED 5-4 1931 Dorf Edwards, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1930, to April 30, 1931. I last saw him alive on ~~May~~ April 30, 1931. Death is said to have occurred on the date stated above at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	Indef
46D 4 6D	
143D	

Other contributory causes of importance: None

Name of operation: Colostomy Date of: Fall 1930.
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Howard Miller, M. D.
(Address) Macon Mo.

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH

County: Macon — Registration District No.: 527 — File No.:

Township: Bevier — Primary Registration District No.: 5703 — Registered No.:

City: (No.: , St. Ward)

2. FULL NAME: Owen 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 yrs. 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	W	M

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

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

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

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

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER: unknown

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

14. INFORMANT
(Address)

15. FILED 5-4, 1931 Dave J Edwards
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1931

17. I HEREBY CERTIFY, That I attended deceased from , to , 19 , that I last saw h alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) 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?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) , M. D
, 19 (Address)

*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
	19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

S-18607