

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

Trippkeer
Do not use this space.

23360

1. PLACE OF DEATH

61 County Macon Registration District No. 529
Township Charlton Primary Registration District No. 4315
City (No. 2-705) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Georgia Alice 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 Female 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 Mark Tate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 1867

7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.
65 2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 255
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 COUNTRY) Macon GA

MOTHER FATHER 13. NAME Marvey Tate

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

15. MAIDEN NAME Sarah Leathes

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

17. INFORMANT (ADDRESS) Mark Tate

18. BURIAL, CREMATION, OR REMOVAL PLACE College Mound DATE 7/25

19. UNDERTAKER (ADDRESS) College Mound

20. FILED July 26, 1932 F. L. Trippkeer Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/23 1932

22. I HEREBY CERTIFY, That I attended deceased from was dead when I arrived 1932
I last saw h _____ alive on _____, 19____ Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:
slight Diabetic with weakened Heart action had been in poor health for 7 years had Doctored with Dr. Gropoway & Dr. Howard Miller of Macon, Mo.
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) F. L. Trippkeer, M. D.
(Address) College Mound 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.

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 25 1932

050

Handwritten text, possibly a signature or name, oriented vertically.