

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

Do not use this space.

37263

1. PLACE OF DEATH

County..... Registration District No. *70*
Township..... Primary Registration District No. *City Hosp # 2*
City *St. Louis* St. Ward)

File No.
Registered No. **9889**

2. FULL NAME

Mystida Tate
(a) Residence, No. *216 S. 22nd* St., *22* Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 8 - 1885*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 *4* *25*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *33*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Housewife 180*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *19 1/2*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss. 2*

FATHER 13. NAME *John Clancy*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*

MOTHER 15. MAIDEN NAME *Mary Montinour*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Baltimore, Md.*

17. INFORMANT (ADDRESS) *George Tate 216 S. 22nd St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Greenwood* DATE *11-10-1923*

19. UNDERTAKER (ADDRESS) *Carlisle Loney 3129 Locust St. St. Louis*

20. FILED *NOV - 9 1923* Registrar *W. H. Barker*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 3 1923*

22. I HEREBY CERTIFY, That I attended deceased from *No Physician Attendance* 19... to 19...

I last saw him alive on 19... Death is said to have occurred on the date stated above, at *452 1/2* m.

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

Shock & lacerations Internal Fractured Sternum received in jumping from window at residence while same was burning

Other contributory causes of importance: *Accident*

Name of operation *None* Date of Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide *Accident* Date of injury *11/3 1923*

Where did injury occur? *St. Louis, Mo.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *In home*

Manner of injury *Jump from window* Nature of injury *Fractured Sternum*

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify (Signed) *J. W. Kerue* M. D.

Address *Dep. Comm.*

MAF:IN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

V. S. NO. 2

