

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

Do not use this space.

16317

**1. PLACE OF DEATH**

40 County Cr. Pundy  
Township Waverly  
City Madison (No. \_\_\_\_\_)

Registration District No. 326  
Primary Registration District No. 3-40-2

File No. 87  
Registered No. 66  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** William O. Tate

(a) Residence, No. R 710 # 4, Trenton, Mo., St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 76 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 Birdie B Tate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>76</u>	<u>1</u>	<u>4</u>	

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

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

10. Date deceased last worked at this occupation (month and year) May 1, 1933 11. Total time (years) spent in this occupation 76

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

MOTHER FATHER 13. NAME Alexander R Tate

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Missouri

15. MAIDEN NAME Margaret Carver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy County Missouri

17. INFORMANT Ref Tate (ADDRESS) R 710 # 4, Trenton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 7007 Columbus DATE May 7th 1933

19. UNDERTAKER DAVIS FUNERAL SERVICE (ADDRESS) Raymond A. Davis # 3424

20. FILED May 17, 1933 Annie D. Price Registered

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to May 6, 1933  
Last saw him alive on Apr 19, 1933. Death is said to have occurred on the date stated above, at 6:00 p.m.

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

Branchial Asthma Date of onset May 4-33  
930  
930  
Other contributory causes of importance:  
Myocarditis + Arteriosclerosis 1928

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 Dr. Rooks, M. D.  
(Signed) \_\_\_\_\_ (Address) Trenton Mo

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.

JUN 22 1933

