

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.

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

Do not use this space.

36883

1. PLACE OF DEATH

County JASPER Registration District No. 411  
Township Galena Primary Registration District No. 2002  
City JOPLIN (No. FREEMAN Hospital) Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

LOUIS WASHINGTON PATE  
(a) Residence, No. 604 N HIGH St., Ward. \_\_\_\_\_  
(Usual place of abode) NEOSHO MO (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 SARAH PATE  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 1857  
7. AGE YEARS 76 MONTHS 0 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED  
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 COUNTRY) MISSOURI

FATHER 13. NAME GEO. PATE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER 15. MAIDEN NAME JANE SWIFT

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Mrs Sarah Pate Neosho Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Neosho Mo DATE Nov 6 33

19. UNDERTAKER (ADDRESS) Beighams Neosho Mo

20. FILED 11-8 33 Ed Dyer Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 6 1933  
22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1933 to Nov 6 1933  
I last saw him alive on Nov 6 1933. Death is said to have occurred on the date stated above, at 3:30 pm.  
The principal cause of death and related causes of importance were as follows:

Prostatic obstruction of about 14 years duration  
Date of onset \_\_\_\_\_

Other contributory causes of importance: Arteriosclerosis

Name of operation Prostatectomy Date of Oct 31, 1933  
What test confirmed diagnosis? Lab 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Leroy W. Carter, M. D.  
(Address) Joplin Mo - Union Blk.

