

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.

MAY 25 1934

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

Do not use this

1. PLACE OF DEATH
72 County New Madrid Registration District No. 604
Township 7th Primary Registration District No. 5802
City St. Louis (No. 1) St. 1 Ward 1

File No. 17520
Registered No. _____

2. FULL NAME Nannie H. 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-6-1859
7. AGE YEARS 75 MONTHS 8 DAYS 1
If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Gayton J. Alexander

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

15. MAIDEN NAME Lucinda Ashford

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

17. INFORMANT Harry Watson
(ADDRESS) New Madrid Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis DATE 5-8 1934

19. UNDERTAKER Bill Bros
(ADDRESS) St. Louis

20. FILED 5/8 1934
M. J. Garrison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 28 1934, to May - 7 1934
I last saw her alive on Apr 28 1934. Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Paralytic Stroke
82A 92A1
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 _____, 1934
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) Charles M. Payne, M. D.
(Address) St. Louis Mo.
Dr. M. J. Garrison

