

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.

AUG 16 1934

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

Do not use this space.

27089  
 17323

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City *St. Louis* (No. *5351 Delman*) St. *IV* Ward.....

File No.....  
 Registered No.....  
 St..... Ward.....

**2. FULL NAME**

**James William Tate**  
 (a) Residence, No. *5351 Delman* St., *IV* Ward.

Length of residence in city or town where death occurred *8* yrs. *5* mos. *9* 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 *Mrs. Ella Tate*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 31, 1855*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<i>79</i>	<i>3</i>	<i>21</i>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired farmer*  
 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) *Pittman, Mo.*

13. NAME *unknown*

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

15. MAIDEN NAME *Lawrence*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT (ADDRESS) *H. H. Martin 5351 Delman Blvd.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Walls* DATE *7-24* 1934

19. UNDERTAKER (ADDRESS) *Alexander & Sons 6175 Delmar*

20. FILED 19 *77 10 21* *J. Brebeck* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 22, 1934*

22. I HEREBY CERTIFY That I attended deceased from *Aug 4* 19*34* to *July 22* 19*34*  
 I last saw him alive on *July 21* 19*34* Death is said to have occurred on the date stated above, at *9:45* a.m.

The principal cause of death and related causes of importance were as follows:  
*Chronic Myocarditis 2 yrs.*  
*93C*  
*102*  
*93C*  
 Other contributory causes of importance:  
*Hypertension 3 yrs.*

Name of operation..... Date of.....  
 What test confirmed diagnosis? *Phys Ex* 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? *no*  
 If so, specify.....  
 (Signed) *Polon Casserly* M. D.  
 (Address) *502 N. Grand Blvd.*

