

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

Do not use this space.

30161

1. PLACE OF DEATH
 County Montgomery Registration District No. 594
 Township South Primary Registration District No. 4302
 City _____ (No. 7) _____ (Post Office) 075374
 St. _____ Ward _____

2. FULL NAME William C. Pate
 (a) Residence, No. Bluffton, Mo. P.O. 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 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 Alice Pate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 20 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 5 11 _____

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
 10. Date deceased last worked at this occupation (month and year) aug. 31 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co Mo

FATHER
 13. NAME Calvin Pate
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
 15. MAIDEN NAME Elizabeth Hamilton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Ebb. C. Pate

18. BURIAL, CREMATION, OR REMOVAL
 PLACE mt Hobab DATE 9-1 1924

19. UNDERTAKER (ADDRESS) Larry Wallcoat Bluffton Mo

20. FILED 9-1 - 1934 Nana Lee Thompson Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 1934

22. I HEREBY CERTIFY, That I attended deceased from aug. 22 1934, to Aug 31 1934.
 I last saw him alive on Aug 29 1934. Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Interstitial nephritis ✓
130
152
 Other contributory causes of importance:
Infermatis of age

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

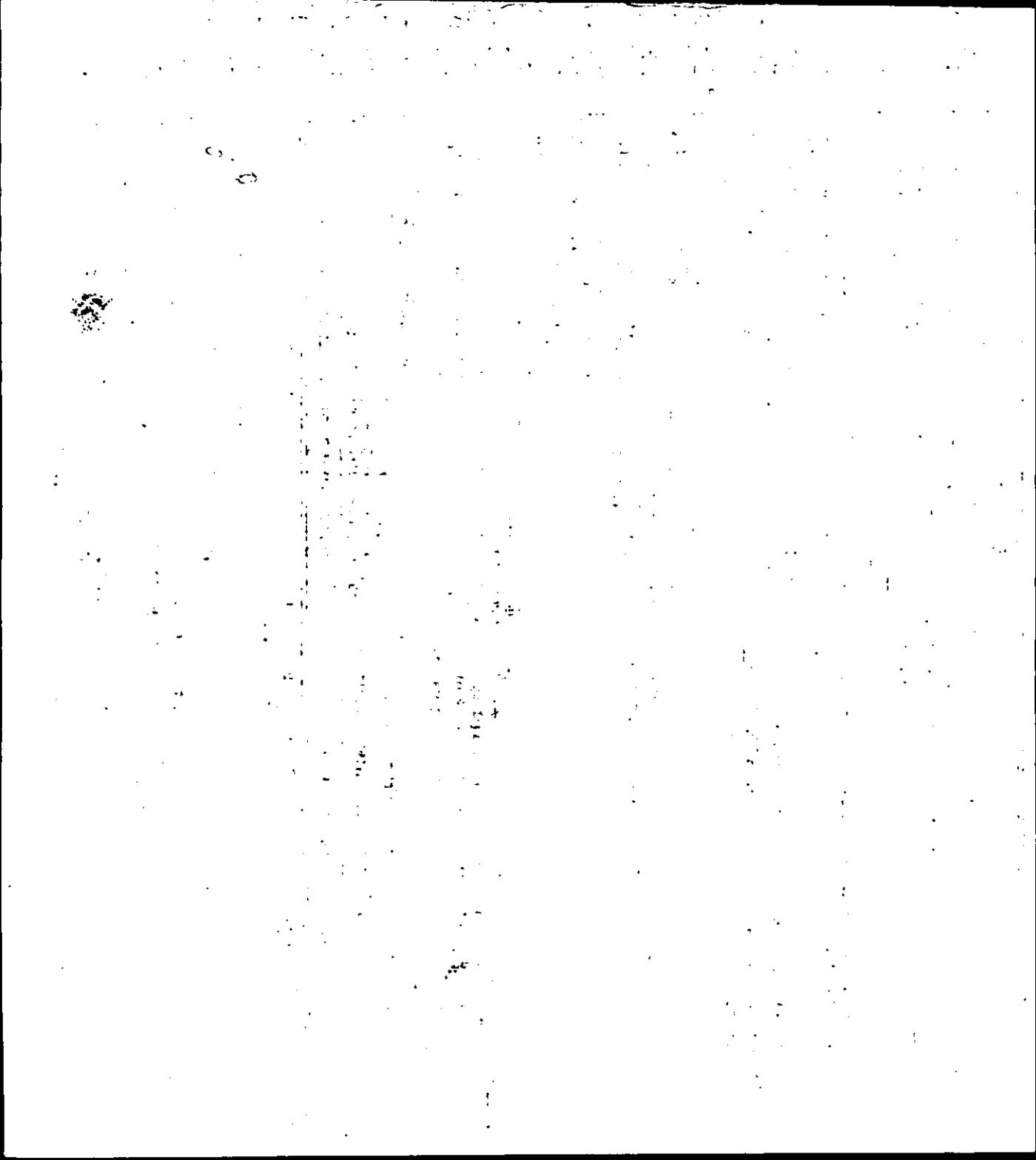
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19 ____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A.R. Rauschelbach M. D.
 (Address) Rhine land 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.



#2 Montgomery

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

15 -

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: William C. Tate
Who died at _____ on Aug - 31 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years 75 Months 5 Days 11

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 7 Year 30

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Interstitial Nephritis
Acute, cause unknown

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

(Signature of Registrar Hana Lee Thompson) Date filed 9-1-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 594

Very truly yours, E. T. McLaugh

Primary Reg. Dist. No. 5788B
4352

State Registrar

Special Agent.

RECEIVED

COMMUNICATIONS SECTION

MAY 19 1961

TO: SAC, NEW YORK
FROM: SAC, PHOENIX
SUBJECT: [Illegible]

[Illegible typed text]

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10