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

DEC 17 1934

Do not use this space.

38886

1. PLACE OF DEATH

25 County Clinton — Registration District No. 208 — File No. 6

Township Hardin — Primary Registration District No. 5288 — Registered No. 6

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mary Jane Tate Smithville

(a) Residence, No. ..... St., ... Ward. ..... mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 30 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: Frank M. Tate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec-24-1858

7. AGE: YEARS 75 — MONTHS 11 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Clay Co. mo.

FATHER

13. NAME: Isaac Cox

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

MOTHER

15. MAIDEN NAME: Elizabeth McGee

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

17. INFORMANT (ADDRESS): Estel Tate 2015 E. 42nd St. K.C. mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Paradise mo. DATE 12-2-1934

19. UNDERTAKER (ADDRESS): L. F. Rollin Platte City mo.

20. FILED 12-5-34, 1934 Mrs. Lela Shinkel Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov-29-1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1934, to Nov 29, 1934

I last saw her alive on Nov-29, 1934. Death is said to have occurred on the date stated above, at 11:25 a.m.

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

	Date of onset
Lobar Pneumonia	11-26-34
108	
97	
108	

Other contributory causes of importance:

Arteriosclerosis	2 yrs.

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 .....

(Signed) P. M. Steckman, M. D.

(Address) Plattsburg Mo.