

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.

APR 2 9 1935

9768

1. PLACE OF DEATH

County Harrington Registration District No. 508  
Township \_\_\_\_\_ Primary Registration District No. 3026  
City Chillicothe (No. \_\_\_\_\_) Hospital \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 39

2. FULL NAME Walter Frederick Tate

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Rayville 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. 2 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) single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 4 1905  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
29 11 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner  
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) Mar 28 35 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta Mo.

13. NAME Walter Tate  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta Mo.

15. MAIDEN NAME Hester Gougin  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta Mo.

17. INFORMANT Robt Tate  
(ADDRESS) Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Atlanta, Mo. DATE March 31, 1935

19. UNDERTAKER H. M. Gooding  
(ADDRESS) Atlanta, Mo.

20. FILED March 30, 1935 Donald M. Danville  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 30 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1935, to Mar 30, 1935

I last saw him alive on Mar 28, 1935. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Apex Pneumonia  
Bronchial

Date of onset 3-26-35

Other contributory causes of importance:  
meninges from the pneumonia toxines

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Examination Was there an autopsy? XO

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? XO  
If so, specify \_\_\_\_\_

(Signed) H. H. G. Hall, M. D.  
(Address) Chillicothe, Mo.

