

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

Do not use this space.

OCT 22 1935

29584

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township None Primary Registration District No. 1002
 City W.P. Mo. (No. 2310 Monitor Place) St. _____ Ward _____

File No. _____
 Registered No. 2598

2. FULL NAME

Edward L. Tate

(a) Residence, No. 2310 Monitor Pl. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Minnie Lee Tate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-23-1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>✓</u>	<u>39</u>	<u>10</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

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) Kansas

13. NAME W. J. Tate

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

15. MAIDEN NAME Oley DeGraw

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

17. INFORMANT Mrs. Minnie Tate
 (ADDRESS) 2310 Monitor Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodland (CITY OR TOWN) Keokuk (STATE OR COUNTRY) Iowa

19. UNDERTAKER Mrs. C. L. Foster
 (ADDRESS) 918 Broadway Ave

20. FILED Sept 16 1935 M. M. Crowl

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-15-1935

22. I HEREBY CERTIFY, That I attended deceased from May 15 1935 to Sept 15 1935

I last saw him alive on Sept 10 1935 Death is said to have occurred on the date stated above, at 7:20 AM

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

Syphilitic Meningitis Date of onset 5-15-35

Other contributory causes of importance:

Syphilis

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) J. P. Hollister M. D.
 (Address) 710 Belmont Bldg

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.

22-1-35 W. J. Tate

