

FEB 20 1936

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

Do not use this space.

1473

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Carroll Primary Registration District No. 1002
City Kansas City (No. 2) General Hosp St. 5th Ward

2. FULL NAME

William S. Tate
(a) Residence, No. 2634 Astor St., Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 31 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 Ida. May Tate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24-64

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 7 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Ky

13. NAME Columbus Tate

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

15. MAIDEN NAME Mary Robinson

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

17. INFORMANT Dewey Clark
(ADDRESS) 2634 Astor St. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Jan 27 1936

19. UNDERTAKER Clyde's Funeral Home
(ADDRESS) 76. C. mo.

20. FILED 1-21- 1936 M. M. Rowen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-9 1936 to 1-21 1936
I last saw him alive on 1-21 1936 Death is said to have occurred on the date stated above, at 5:15 a.m.
The principal cause of death and related causes of importance were as follows:

Cardiac Hypertrophy and Dilatation; Myocarditis; Chronic Hepatitis
Date of onset
Pneumonia
Other contributory causes of importance:
Asphyxia

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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?
If so, specify
(Signed) W. J. James M. D.
(Address) 2634 Astor St. Kansas City, 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.

REMAIN RESERVED FOR PRINTING

U. S. B. O. Z
M-3-28-35

