MAR 18 1936

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

Do not use this space.

9960

1. PLACE OF DEATH

County Daviess — Registration District No. 250 — File No.

Township Monroe — Primary Registration District No. 5349 — Registered No. 773

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

2. FULL NAME William Lewis Tague

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

Length of residence in city or town where death occurred 7 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: Fannie Tague

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April, 15, 1861

7. AGE: YEARS 74 — MONTHS 10 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Agriculture
10. Date deceased last worked at this occupation (month and year): Feb. 17, 1936
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fountain Co., Indiana

FATHER

13. NAME: James Tague
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Mary McCollum
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Fred Tague, R. F. D. #1, Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clear Creek Cem DATE March 8, 1936

19. UNDERTAKER (ADDRESS): Hope Furn. & Undt. Co., Gallatin, Missouri

20. FILED 3-10-1936 Ph Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1936, to Mar 6, 1936
I last saw him alive on Mar 6, 1936. Death is said to have occurred on the date stated above, at 6:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	24 days
13	

Other contributory causes of importance:
Arteriosclerosis
Chronic Interstitial Nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? Physdiag 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) Herbert R. Booth, M. D.
(Address) Hamilton Mo.

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.