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.

DEC 3 1936

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

Do not use this space.

38564

1. PLACE OF DEATH
County Pemiscot
Township Little Prairie
City ..... (No. ..... St. ..... Ward)

Registration District No. 651
Primary Registration District No. 5862

File No. .....
Registered No. 121

2. FULL NAME Alice Tatum
(a) Residence, No. Hayti 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

3. SEX F
4. COLOR OR RACE Cal.
5. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Will Tatum Dec

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE About 35 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Same
10. Date deceased last worked at this occupation (month and year) Oct 24-36
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

FATHER
13. NAME DK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

MOTHER
15. MAIDEN NAME DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

17. INFORMANT (ADDRESS) Mrs J. Smith Hayti Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE County Farm DATE 10/26 1936

19. UNDERTAKER (ADDRESS) Mrs T J Smith Hayti Mo

20. FILED Oct 26 1936 Lidia Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/25 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot in left temple	10/25
	~~[illegible]~~

Other contributory causes of importance:
murdered

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? Homicide Date of injury 10-25 1936
Where did injury occur? On Public Highway #60 Pemiscot Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury Gun Shot
Nature of injury Gun Shot in left temple

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) J W Rhodes Coroner, M. D.
(Address) Hayti Mo