

JUN 22 1937

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

Do not use this space.

20219

1. PLACE OF DEATH

County *Howell*  
Township *Goldberry*  
City *Mt. View Mo.* (No. ....)

Registration District No. *385*  
Primary Registration District No. *5324*

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

*James M. Tate*  
(a) Residence, No. *Mt. View Mo. St.* Ward. ....  
(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 1 1937*

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

22. I HEREBY CERTIFY That I attended deceased from *May 1 - 1937* to *May 1 - 1937*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 18 - 1920*

I last saw him alive on *May 1 - 1937* Death is said to have occurred on the date stated above, at *8 P. m.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*16 9 13*

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *High School*  
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

Other contributory causes of importance:  
*212*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Nebraska*

13. NAME *G. A. Tate*

Name of operation *Physician* Date of *.....*  
What test confirmed diagnosis? *Physician* Was there an autopsy? *yes*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*

15. MAIDEN NAME *Julia B. Beal*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? *yes* Date of injury *5 - 1 - 1937*  
Where did injury occur? *on Highway 60 near Mt. View*  
(Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*

17. INFORMANT (ADDRESS) *G. A. Tate*

Specify whether injury occurred in industry, in home, or in public place.  
*on highway*  
Manner of injury *thrown by a horse*  
Nature of injury *fractured skull*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. View Mo.* DATE *May 3 1937*

19. UNDERTAKER (ADDRESS) *J. F. Dunbar*

24. Was disease or injury in any way related to occupation of deceased? *yes*  
If so, specify  
(Signed) *C. R. Orville*, M. D.  
(Address) *Mt. View, Mo.*

20. FILED *6-10 1937* *H. W. Whittington* Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

