

REC'D OCT 25 1938

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

32740

Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Massy Primary Registration District No. 3029 Registered No. 237
 (c) City Harribal (d) Street No. St. Elizabeth Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Walter E. Tate Jr. 3011

(a) Residence, No. Palmyra, Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 8 - 1938

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

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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) Harribal (STATE OR COUNTRY) Mo13. NAME Walter E. Tate14. BIRTHPLACE (CITY OR TOWN) Palmyra (STATE OR COUNTRY) Mo15. MAIDEN NAME Ida M. McClair16. BIRTHPLACE (CITY OR TOWN) Harribal (STATE OR COUNTRY) Mo17. INFORMANT Mr. Walter Tate (ADDRESS) Palmyra, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem. DATE Sept. 10 - 193819. FUNERAL DIRECTOR James O'Donnell (ADDRESS) Harribal, Mo20. FILED Sept. 12 1938 W. C. Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9th - 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1938 to Sept 9, 1938
 I last saw him alive on _____, 19____ Death is said to have occurred on the date stated above, at 8 P m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia 8 Mo,
159

Other contributory causes of importance:

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?
 If so, specify _____
 (Signed) W. C. Fisher M. D.

(Address) Harribal, Mo
1888

STATEMENT BY LICENSED EMBALMER

I, Michael J. D'Annunzio, Licensed Embalmer No. 3246

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Michael J. D'Annunzio

Licensed Embalmer No. 3246

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)