

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

Do not use this space.

16563

1. PLACE OF DEATH

County Ray Registration District No. 744
Township Richmond Primary Registration District No. 3035
City Richmond (No., St. Ward)

File No.
Registered No. 51

2. FULL NAME Milton E. Tate

(a) Residence, No. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 1 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Levan

MOTHER 13. NAME Milton Tate

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

15. MAIDEN NAME Elis Waldons

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

17. INFORMANT Mr Jess Greenaway (ADDRESS) Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE 4/18/36

19. UNDERTAKER E. M. Jovine (ADDRESS) Richmond Mo

20. FILED 4-18-36 1936 Registrar G. D. Day

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 1936

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at 3:45 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset
Cerebral Hemorrhage
8291
Other contributory causes of importance:
Arterio-Sclerosis

Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? 70

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? 70
If so, specify
(Signed) E. G. Gay M. D. (Address) Richmond 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.

