

1930 FEB 24 1930

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

Do not use this space.

1. PLACE OF DEATH

County Marion
Township Mason
City Keosauqua (No. Sh. Elizabeth Hospital)

Registration District No. 547

File No. 3051

Primary Registration District No. 3029

Registered No. 24

2. FULL NAME

Jesse Parker Tait

(a) Residence, No. _____ St. _____ Ward. _____

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-18-1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 2 19

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Farmer

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) Woodland Mo.

13. NAME Jesse A. Tait

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Belle - Mo.

15. MAIDEN NAME Etta Pruitt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamstown Mo.

17. INFORMANT Emma Sue Powell (ADDRESS) Paducah, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Keosauqua, Mo. DATE 9-29-1938

19. UNDERTAKER P. Mollen (ADDRESS) Philadelphia Missouri

20. FILED Jan 16 1939 W. S. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 - 1938, to Dec 7 - 1938

I last saw him alive on Dec 7 - 1938 Death is said to have occurred on the date stated above, at 1:00 m.

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

Erysipelas of body
Urinary infection
peritonitis & cholecystitis

Other contributory causes of importance:
Ruptured ureter
struck pennon on wagon wheel
Name of operation: ureterostomy Date of operation: Dec 4-38
What test confirmed diagnosis? clin Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury Dec 7, 1938
Where did injury occur? home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury struck pennon on wagon
Nature of injury fractured ureter

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) J. P. Reubens, M. D.
(Address) 107 Perry Street

NOTE—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.

