

FILED JUN 22 1940

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

Do not use this space.

18992

1. PLACE OF DEATH

County Marion  
Township Rabus  
City Rural (No. ....)

Registration District No. 548  
Primary Registration District No. 5749

File No. ....  
Registered No. 29 St. .... Ward)

2. FULL NAME 300 Birdie Lee 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 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
51 7 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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) Marion county, Mo.

13. NAME Andrew Shores

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

15. MAIDEN NAME Susan Baxter

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

17. INFORMANT (ADDRESS) Edd Tate  
Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Palmyra, Mo.  
Greenwood Cem. DATE 6/2/40

19. UNDERTAKER (ADDRESS) Lewis Pross  
Palmyra, Mo.

20. FILED May 31 - 1940 Bertrude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1940

22. I HEREBY CERTIFY That I attended deceased from May 14 1940 to May 31 1940  
I last saw her alive on May 27 1940 Death is said to have occurred on the date stated above, at 7:10m. a.m.

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

Mucous Colitis  
Ulcers of Colon  
Secondary Anemia  
General weakness  
from lack of nourishment  
due to general trouble  
Date of onset Open 1936 to  
history of several  
years ago

Other contributory causes of importance:  
general weakness  
from lack of nourishment  
due to general trouble

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? No  
If so, specify .....  
(Signed) Dr. J. A. Stebbins M. D.  
Palmyra Mo. 489 (Address) .....

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.

