

JAN 15 1938

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

44596
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 30
(b) Township Kings Prairie Primary Registration District No. 5042
(c) City Monett (d) Street No. R.F.D. # 2 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 Hattie L Tate

(a) Residence, No. R.F.D. # 2 Monett 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 Female 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 Marion Tate.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan, 6-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 10 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Lawrence County 1
(STATE OR COUNTRY) Missouri.

13. NAME Robert McQueen. 1

14. BIRTHPLACE (CITY OR TOWN) Osage County 1
(STATE OR COUNTRY) Missouri.

15. MAIDEN NAME Virginia Williams.

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

17. INFORMANT John D Tate
(ADDRESS) Monett Mo. R.F.D. # 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Verona Mo. DATE Dec, 3 1937

19. FUNERAL DIRECTOR King Funeral Home
(ADDRESS) Aurora Mo.

20. FILED 12-3- 1937 W. M. West
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935, to Dec 1, 1937.

I last saw her alive on Dec 1, 1937. Death is said to have occurred on the date stated above, at 5.45 P.M.

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

Diabetic Coma
59
Other contributory causes of importance: none

Date of onset about Nov 20 37

Name of operation Lab Date of 1
What test confirmed diagnosis? clinical Was there an autopsy? no

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) J. M. Lee, Jr., M. D.
(Address) 121 W. Pleasant Aurora 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.

STATEMENT BY LICENSED EMBALMER

I, Herman Surridge, Licensed Embalmer No. 3072

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

L. E.

No. 3072 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Herman Surridge

Licensed Embalmer No. 3072

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.)