

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.

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

PLACE OF DEATH

County _____

Township _____

Village _____

City St. Louis (NO. 2621 N. 9th St. 3 Ward)

Registration District No. 7911

Primary Registration District No. 1003

File No. 40006

Registered No. 9889

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Mildred Bates

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE W. SINGLE Single
MARRIED
WIDOWED
SEPARATED
DIVORCED
(If write the word)

DATE OF BIRTH Sept. 10th 1910
(Month) (Day) (Year)

AGE 9 yrs. 7 mos. 4 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) None.

BIRTHPLACE (City or town, State or foreign country) St. Louis, Mo.

PARENTS
NAME OF FATHER George Bates
BIRTHPLACE OF FATHER St. Louis, Mo.
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Jessie Kenchell
BIRTHPLACE OF MOTHER St. Louis, Mo.
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jessie Bates
(ADDRESS) 9621 N. 9th St.

Filed DEC 16 1910 W. Wheeler Bond
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 14, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec. 9, 1910, to Dec. 14, 1910; that I last saw her alive on Dec. 13, 1910,

and that death occurred, on the date stated above, at 12³⁰ a.m.

The CAUSE OF DEATH* was as follows: Gastro-Enteritis
1193
(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. 30 ds.
(Signed) Herman L. Wilton M. D.
12/15, 1910 (Address) 2725 N. 11th St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted If not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Cemetery DATE OF BURIAL Dec 16, 1910
UNDERTAKER Mullen Undertaking Co. ADDRESS 2412 Colman

