

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

PLACE OF DEATH

County Polk Co

Township _____

or Village Humansville

or City _____ (NO. _____ St.; _____ Ward)

Registration District No. 703 File No. 15365

Primary Registration District No. 4424 Registered No. 7

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

FULL NAME Edward P. Bates

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED married
(If file the word)

DATE OF DEATH mch 28, 1911
(Month) (Day) (Year)

DATE OF BIRTH Feb 28, 1866
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from mch 23, 1911, to mch 28, 1911, that I last saw him alive on mch 28, 1911, and that death occurred, on the date stated above, at 7:45 P.M.
The CAUSE OF DEATH* was as follows:

AGE 66 yrs. 1 mos. - ds. If LESS than 1 day, ___ hrs. or ___ min.?

109A Pneumonia

OCCUPATION (a) Trade, profession, or particular kind of work retired
(b) General nature of industry, business, or establishment in which employed (or employer) 0-0

BIRTHPLACE (City or town, State or foreign country) Don't know

(Duration) ___ yrs. ___ mos. 5 ds.

NAME OF FATHER Don't know

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't know

(Signed) Dufflebarn M. D. mch 29, 1911 (Address) Humansville Mo

MAIDEN NAME OF MOTHER Don't know

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

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't know

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 Humansville DATE OF BURIAL 3/28, 1911

UNDERTAKER La Joseph ADDRESS Humansville

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ann Easton

(ADDRESS) Humansville

Filed 4/10/11 1911 J. E. Barnes REGISTRAR

Exact statement of OCCUPATION is very important.

