

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

1 PLACE OF DEATH  
County Linnigston  
Township Chillicothe Registration District No. 508 File No. 34552  
or  
Village Chillicothe Primary Registration District No. 5674 Registered No. 131  
or  
City (NO. St. Ward)  
2 FULL NAME William Henry Bate  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

6 DATE OF BIRTH April 7<sup>th</sup> 1845  
(Month) (Day) (Year)

7 AGE 73 yrs. 6 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work. Fanner  
(b) General nature of industry business or establishment in which employed (or employer) Gen Farming

9 BIRTHPLACE Linnis Co Mo  
(City or town, State or foreign country)

PARENTS

10 NAME OF FATHER Wm H. Bate

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

12 MAIDEN NAME OF MOTHER Bolinda Case

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 14 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 1918 to Oct 14 1918  
that I last saw him alive on Oct 14 1918  
and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH\* was as follows:  
131 Broncho Pneumonia  
1079 91

(Duration) yrs. mos. 3 da.  
CONTRIBUTORY Chronic Nephritis  
(Secondary) (Duration) yrs. mos. 0 da.

8 (Signed) W. H. Bate M. D.  
Oct 15 1918 (Address) Whiting Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Oscar Carlyle  
(Address) Chillicothe Mo

15 Oct 16 1918 J. C. Sheltor  
Fi Registrar

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

18 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.

19 PLACE OF BURIAL OR REMOVAL Whiting Mo DATE OF BURIAL Oct 15 1918

20 UNDERTAKER Frank L. Smiley ADDRESS Whiting Mo

N. B.—Every item of information should be carefully supplied. AGK should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

