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

Do not use this space.

39918

File No. 11934

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. Barnes Hospital St. Ward)

Registration District No. 791

Primary Registration District No.

2. FULL NAME Gates, Nettie

(a) Residence. No. 5095 Westminster St. 12 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 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: Lee Gates

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 12-65

7. AGE: Years 60, Months 11, Days 5. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nebraska City Nebr.

PARENTS

10. NAME OF FATHER: John Fleck Darley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

12. MAIDEN NAME OF MOTHER: Barbara Luttet

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Scotland

14. INFORMANT: L. F. Gates
(Address) 5095 Westminster

15. FILED DEC 17 1925 19 Max C Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 17 1926

17. I HEREBY CERTIFY, That I attended deceased from 12-8- 1926, to 12-17 1926 that I last saw her alive on 12-17 1926 and that death occurred, on the date stated above, at 7 30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Thyrotoxicosis — Toxic

Myocarditis Chronic

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. G. Hamm, M. D

12-18, 1926 (Address) Barnes Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine

DATE OF BURIAL: 12/18 1926

20. UNDERTAKER: H Berger

ADDRESS: 4715 McPherson

WHITE FLAMELY, 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.