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

Do not use this space.

3212

File No. 8844

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 1628 Biddle St. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Mary Jane Bates

(a) Residence. No. St., 25 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: Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Arthur Bates

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jany 9th 1885

7. AGE: Years 42 | Months — | Days 12 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Missouri.

PARENTS

10. NAME OF FATHER: Dont Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN): "
(STATE OR COUNTRY): " "

12. MAIDEN NAME OF MOTHER: Mic Jefferson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Memphis Tenn
(STATE OR COUNTRY): Missouri

14. INFORMANT: Arthur Bates
(Address): 1628 A Biddle St

15. FILED JAN 21 1927, 19 Mayb Starkoff REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jany 21st 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1926, to Jany 21, 1927, that I last saw h alive on Jany 21, 1927, and that death occurred, on the date stated above, at 8:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial
Nephritis
330 / 24 hrs (duration) yrs. mos. Pds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) yrs. 6 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? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.

(Signed) Stephen Lezeau, M. D.

(Address) 3202 Park

*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: Greenwood Cem. DATE OF BURIAL: 1/30th 1927

20. UNDERTAKER: J. E. Dermont Funeral Home ADDRESS: 2700 Madison St.

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD