

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

Do not use this space.  
✓  
10110

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis, Mo. (No. Sanitarium)

File No.....  
Registered No. 2891 Ward

**2. FULL NAME**

Joseph E. Oates  
(a) Residence. No. 423 1/2 West Pinney St. Ward 3  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 28 yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Ida Oates

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 2, 1894

| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS THAN 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
|        | <u>33</u> | <u>2</u> | <u>21</u> |                                  |

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

9. BIRTHPLACE (CITY OR TOWN) Jackson County  
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER .....

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

14. INFORMANT R. Sturmill  
(Address) City San

15. FILED Max B. Starceff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-21-1927

17. I HEREBY CERTIFY, That I attended deceased from 1-10-1927, to 3-21-1927, that I last saw him alive on 2-20-1927, and that death occurred, on the date stated above, at 8:00 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Senile  
Paralytic

CONTRIBUTORY (SECONDARY) 76  
(duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) R. Sturmill, M. D.

3-21-1927 (Address) City San

\*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 3/27 1927

20. UNDERTAKER W. C. Gordon Und. Co ADDRESS 26 49 Morgan

WHITE PAPER, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

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