

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

Do not use this space.

17641

1. PLACE OF DEATH

County B. Butler

Registration District No. 89

Township

Primary Registration District No. 3007

City Poplar Bluff (No.)

File No.
Registered No. 175
St. Ward)

2. FULL NAME

Mattie A. Bates

(a) Residence, No. P. R. # 4 St. 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

F.

4. COLOR OR RACE

W

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

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Claude Bates

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

May 9, 1895

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

32

—

22

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)

Hickman County

(STATE OR COUNTRY)

Kentucky

10. NAME OF FATHER

J. W. Munday

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Warren City

(STATE OR COUNTRY)

Tenn

12. MAIDEN NAME OF MOTHER

Fannie G. Munday

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Hickman Co

(STATE OR COUNTRY)

Ken.

14.

INFORMANT (Address)

Claude Bates, P. R. # 4 Poplar Bluff

15.

FILED

7/11, 1927

W. S. Bailey

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/1 1927

17. I HEREBY CERTIFY, That I attended deceased from May 31, 1927, to June 1, 1927 that I last saw h. alive on June 15, 1927, and that death occurred, on the date stated above, at 9:15 a a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

146
interperal fever
(duration) yrs. mos. 93 ds.

CONTRIBUTORY (SECONDARY) acute nephritis
and hem. about
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
146
IF NOT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Alfred P. Crow, M. D.

, 1927 (Address) Poplar Bluff Mo

*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 DATE OF BURIAL

Black Creek 6/2 1927

20. UNDERTAKER ADDRESS

J. J. Frank Und - Co Poplar Bluff

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.

JUL 25 1927

