

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

Do not use this space.

21159

AUG 16 1927

1. PLACE OF DEATH  
 County Breene Registration District No. 318  
 Township Springfield Primary Registration District No. NO. 1  
 City Springfield (No. Burge Hospital)  
 Registered No. H 40  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Elizabeth Gates  
 (a) Residence. No. # 10 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 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 D. P. Gates

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April - 18 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
59 | 2 | 25 | \_\_\_\_\_

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 \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1927

17. I HEREBY CERTIFY That I attended deceased from 7-13, 1927, to 7-13, 1927, that I last saw her alive on 7-13, 1927, and that death occurred, on the date stated above, at 10:30 p.m.

THE CAUSE OF DEATH\* WAS FOLLOWED:  
Acute Intestinal obstruction -

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

10. NAME OF FATHER James M. Donald

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

12. MAIDEN NAME OF MOTHER Annah Dillon

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

122 B (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Adhesions - post-operative - indefinite (duration) yrs.

14. INFORMANT (Address) D. P. Gates Springfield Mo. # 10

15. FILED 7/15 1927 Oct 1st Mo REGISTRAR

18. WHERE WAS DISEASE CONTRACTED? (NOT A PLACE OF BIRTH) 11802

19. PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL  
Bellview cemetery July 16 1927

20. UNDERTAKER ADDRESS  
J. W. Klingner & Co., 424 E. Com. Springfield, Mo.

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.

