

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kear
City Maua, Mo. (No. 3600 Prospect)

Registration District No.
Primary Registration District No.

File No. 494807
Registered No.
St. Ward)

2. FULL NAME

Edith A. Bates

(a) Residence. No. 3600 Prospect St.,
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. 10

Ward.
(If nonresident give city or town and State)
How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles H. Bates

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
67 10 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Mr. Sheldon

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

12. MAIDEN NAME OF MOTHER Edith Sheldon

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

14. INFORMANT J. D. Platt
(Address) 3600 Prospect

15. FILE 2-11-28 M. M. Crowe REGISTRAR
asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/10 19 28

17. I HEREBY CERTIFY That I attended deceased from 11 PM Feb 9 1928 to 6 AM 1928 that I last saw him alive on Feb 8 1928, and that death occurred, on the date stated above, at 7:30 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
82A
112 Ten hours
(duration)
CONTRIBUTORY (SECONDARY) Bronchial Asthma
112 chronic
(duration)
18. WHERE WAS DISEASE CONTRACTED no
IF NOT AT PLACE OF DEATH no
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? no
(Signed) Frank W. Bennett M. D.
7/11 1928 (Address) 922 Argyle Bldg

*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 Mt. Washington DATE OF BURIAL Feb. 11, 1928

20. UNDERTAKER Mrs. C. L. Forster ADDRESS K.C.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.

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334 Matsushita
742 engine.
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