20 1928

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

Do not use this space.

32973

1. PLACE OF DEATH

County: Carroll — Registration District No.: 135 — File No.:

Township: Carrollton — Primary Registration District No.: 3010 — Registered No.: 99

City: Carrollton (No. ..... St. ..... Ward)

2. FULL NAME Carl Daniel Bates

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 10-20-1928

7. AGE: YEARS | MONTHS: 2 | DAYS: 29 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carrollton Mo

PARENTS

10. NAME OF FATHER: William D. Bates
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Carrollton, Mo.
12. MAIDEN NAME OF MOTHER: Viola Wakefield
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): De Kalb, Missouri

14. INFORMANT (Address): William D. Bates, Carrollton, Mo

15. FILED 10-19, 1928 — Mrs E E Farnham, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-19 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1928, to Oct. 19, 1928 that I last saw her alive on Oct. 18th, 1928, and that death occurred, on the date stated above, at 6 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Thrush

43B

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

O DID AN OPERATION PRECEDE DEATH? no. DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Charles S Austin, M. D

Oct. 19, 1928 (Address) Carrollton 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: Powell Cemetery — DATE OF BURIAL: 10-20 1928

20. UNDERTAKER: Willis Bros — ADDRESS: Carrollton

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.