

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

Do not use this space.

**FEB 20 1930**

**2295**

**1. PLACE OF DEATH**

County Pulaski  
Township Liberty  
City Hazlehurst

Registration District No. 712  
Primary Registration District No. 5941

File No. \_\_\_\_\_  
Registered No. 2  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Hazlehurst - mo  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 3 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

white

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

widowed

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

Mary Jane Bates

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

June 14 - 1854

**7. AGE**

75

**YEARS**

2

**MONTHS**

3

**DAYS**

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Blacksmith.

(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)

Hazlehurst Mo  
Pulaski Co

**10. NAME OF FATHER**

John Bates

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

unknown

**12. MAIDEN NAME OF MOTHER**

unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

unknown

**14.**

INFORMANT John Bates  
(Address) Richland Mo.

**15.**

FILED 1-15, 1930 Overt A. Oliver.

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

1-14 1930

**17.**

I HEREBY CERTIFY, That I attended deceased from Jan 11, 1930, to Jan 14, 1930.  
that I last saw him alive on Jan 11, 1930, and that death occurred, on the date stated above, at 5-0 m.

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

Bunch Pneumonia  
107A

**CONTRIBUTORY (SECONDARY)**

Unknown (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1 ds.

**18. WHERE WAS DISEASE CONTRIBUTED?**

IF NOT AT PLACE OF DEATH at place of death

**DID AN OPERATION PRECEDE DEATH? DATE OF**

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Bd Side Diagnosis  
(Signed) Overt A. Oliver, M. D.

11-15, 1930 (Address) Richland 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**

Hazlehurst Mo Jan. 16 1930

**20. UNDERTAKER**

**ADDRESS**

N. B. Deple Richland Mo.

