

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.

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

Do not use this space.

15985

1. PLACE OF DEATH

County Jackson

Registration District No. 398

Township Blue

Primary Registration District No. 5554

City Farmington (No. 931 Home Ave)

File No. _____

Registered No. 180

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 931 Home Ave 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

Male

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

Emma Bates

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

Dec. 17, 1865

7. AGE

YEARS

MONTHS

DAYS

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

64

5

10

8. OCCUPATION OF DECEASED

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

Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

Cement

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Michigan

10. NAME OF FATHER

David Bates

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Michigan

12. MAIDEN NAME OF MOTHER

Dr. Mrs. Vantte

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Michigan

14.

INFORMANT

(Address)

Shorey Bates
931 Home Ave

15.

FILED 5/29, 1930

J. L. Cook

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-27-1930

17.

I HEREBY CERTIFY, That I attended deceased from

5-13-1930 to 5-27-1930

that I last saw him alive on 5-26-1930 and that death occurred, on the date stated above, at 7:10 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardio-vascular renal disease with failing compensation

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Chronic interstitial nephritis (duration) 30 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

(DID AN OPERATION PRECEDE DEATH? DATE OF _____)

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

Chemical

(Signed)

Dr. Allen

M. D.

5-27-1930 (Address) Independence

*State the DISEASE CAUSING DEATH, of 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

W. of Washington

May 29, 1930

20. UNDERTAKER

ADDRESS

J. R. Davidson

3024 Front

