

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

Do not use this space.

31344

1. PLACE OF DEATH

County.....
Township.....
City..... (No. *274*)

Registration District No. *780*
Primary Registration District No. *1000*

File No.....
Registered No. **8946**
St. _____ Ward _____

2. FULL NAME

Cheyney Leonard Bates

(a) Residence No. *2741 Chouteau* St., *22* 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 *Caucasian* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Divorced*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *4-4-1891*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 1 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Labor*
(b) General nature of industry, business, or establishment in which employed (or employer) *Odd jobs*
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Ala*

10. NAME OF FATHER *Richard Bates*

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

12. MAIDEN NAME OF MOTHER *Fannie Horace*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *South.C*

14. INFORMANT *Mary L. Lipscomb*
(Address) *2741 Chouteau*

15. *SEP 13 1930* REGISTRAR *[Signature]*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *9-10-1930*

17. I HEREBY CERTIFY, That I attended deceased from *8-24* 19*30* to *9-10* 19*30* that I last saw him alive on *9-8* 19*30*, and that death occurred, on the date stated above, at *1:30 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute myocardial infarction
9:30
12:01 P
(duration) *2* yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *gouty arthritis*
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH *9010*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF _____

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *clinical*
(Signed) *Les J. Gower* M. D.
, 19 (Address) *2836 Chouteau*

*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 *Taffel Dickerson* DATE OF BURIAL *9-14 1930*

20. UNDERTAKER *Bates and Son 2741 Chouteau* ADDRESS *Ala*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

