

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.

1445

File No. 277  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City, Mo (No. 4712 Charlotte Street)

2. FULL NAME

William T. Bates

(a) Residence, No. 4712 Charlotte Street St. 6 Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred, 36 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 Mrs. Mary H. Bates

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 7 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Rail Road 128  
(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) Alabama

10. NAME OF FATHER William Bates

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know 31  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)

14. INFORMANT Mrs Homer Huffaker  
(Address) Fairfax, Oklahoma

15. Jan 26, 31 M. M. Leroque  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 18th 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 14th 1931 to Jan 18th 1931, that I last saw him alive on Jan 15th 1931, and that death occurred, on the date stated above, at 9:14 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocardial Degeneration  
(duration) yrs. 4 mos. 4 ds.

CONTRIBUTORY (SECONDARY) Senility  
(duration) 5 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination

(Signed) M. M. Leroque M. D.

1/18 . 1931 (Address) 1320 Prof. 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 Freeman Receiving Vault DATE OF BURIAL 1/21/31 19

20. UNDERTAKER Freeman Mortuary, Kansas City, Mo ADDRESS \_\_\_\_\_

