MAR 27 1931

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

Do not use this space.

7036

1. PLACE OF DEATH

County St. Louis — Registration District No. 1170 — File No.

Township Central — Primary Registration District No. 6248H — Registered No. 39

City Richmond Heights (No. 7409, Wise Ave. St. Ward)

2. FULL NAME Nora Cates

(a) Residence. No. 7409 Wise Ave. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James D. Cates.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 19, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	49	2	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Memphis - Tenn.

PARENTS
10. NAME OF FATHER P. H. Ellipp.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Memphis - Tenn.
12. MAIDEN NAME OF MOTHER Betty Johnson.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Memphis - Tenn.

14. INFORMANT James D. Cates
(Address) 7409 Wise Ave.

15. FILED 2/9, 1931 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 9, 1931

17. I HEREBY CERTIFY, That I attended deceased from April 27, 1930, to Feb 7, 1931, that I last saw her alive on Jan 6, 1931, and that death occurred, on the date stated above, at 10 00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemiplegia
Hypertension
13 yrs
8 yrs
10 yrs (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF (1)
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) H. B. DeRefo M. D.
Feb 9, 1931 (Address) 1446 S. Grand

*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
Lake Charles Cem.	Feb 10 1931
20. UNDERTAKER	ADDRESS
Croghan Und. Co. Inc.	7146 Manchester Ave.

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.

96
4
7