

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

Do not use this space.

13132

1. PLACE OF DEATH

County Bates
Township East Boone
City Adrian (No. _____)

Registration District No. 47
Primary Registration District No. 5081

File No. _____
Registered No. 15
St. _____ Ward _____

2. FULL NAME Athalia Lewis Oates

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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 W. S. Oates, Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1865 May 18

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 10 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 33
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brion Ohio

13. NAME Samuel Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) W. S. Oates, Sr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hill DATE April 7 1931

19. UNDERTAKER Levath and Dix (ADDRESS) Adrian

20. FILED 5-10- 1931 W. W. Tuttle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 1931

22. I HEREBY CERTIFY, That I attended deceased from April 1 1931, to April 5 1931
I last saw her alive on April 3 1931. Death is said to have occurred on the date stated above, at T.A.M.
The principal cause of death and related causes of importance were as follows:

Acute Dilatation of heart -
93C
95B
Chr. Myocarditis

Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Carter St. Luter, M. D.
(Signed) Adrian, Mo.
(Address) _____

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.

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