

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

14493

## 1. PLACE OF DEATH

County Jackson  
Township Raw  
City Kansas City

Registration District No.

329

Primary Registration District No.

3092

File No.

Registered No.

2046

St.

Ward)

## 2. FULL NAME

(a) Residence. No. 1411 Brooklyn St. Ward. 9  
(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

Male

## 4. COLOR OR RACE

Col

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

Mar. 11, 1909

## 7. AGE

YEARS

MONTHS

DAYS

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

22

1

19

## 8. OCCUPATION OF DECEASED

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

At home

(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)

Mo.

## 10. NAME OF FATHER

William B Bates

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

S. C.

## 12. MAIDEN NAME OF MOTHER

Lulu Johnson

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

## 14.

INFORMANT (Address)

Lulu Bates  
1411 Brooklyn

## 15.

FILED

5/4, 1931

M. M. Conner

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

4/30 1931

## 17.

I HEREBY CERTIFY, That I attended deceased from 4/30 1931 until 5/1 1931, and that I last saw him alive on 4/30 1931, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Mitral Regurgitation  
4/1 A  
12 A

CONTRIBUTOR (SECONDARY)

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? 76 DATE OF 7/30WAS THERE AN AUTOPSY? 7/30

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

F. W. Brown

M.D. 4/31 (Address) 1705 E 12 St.

\*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

Highland

5/4 1931

## 20. UNDERTAKER

## ADDRESS

Voths Bros

1724 Lydia

