

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

20683

1. PLACE OF DEATH Richmond Registration District No. 85
 County Richmond Primary Registration District No. 1001
 Township St. Joseph Mo State Hospital City Richmond Mo Ward St. Joseph Mo
 2. FULL NAME Edward Bates
 (a) Residence. No. 1306 Cleveland St. N. E. Mo Ward Kansas City, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. 0 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 1861</u>		
7. AGE	YEARS	MONTHS
<u>70</u>	<u>Unknown</u>	<u>Unknown</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Contractor</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer <u>Unknown</u>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
PARENTS	10. NAME OF FATHER <u>Unknown</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
14. INFORMANT <u>State Hospital Records</u> (Address) <u>St. Joseph Mo</u>		
15. FILED <u>7-1-31</u> , 19 <u>31</u> <u>John K Bender</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1931

17. I HEREBY CERTIFY, That I attended deceased from June 29, 1931 to June 30, 1931 that I last saw him alive on June 30, 1931, and that death occurred, on the date stated above, at 9:30 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Broncho Pneumonia
162 (duration) 10 yrs. 10 mos. 10 ds.

CONTRIBUTORY (SECONDARY) ape (duration) 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? Clinical Symptoms
 (Signed) [Signature] M. D.
June 30 1931 (Address) St. Joseph Mo

*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 <u>State Hospital for Insane</u>	DATE OF BURIAL <u>July 1 1931</u>
20. UNDERTAKER <u>Hester-Bibbale & Bowman</u>	ADDRESS <u>319 S. 10th St</u>

Burial Home

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.

JUL 22 '31

