

AUG 26 1931

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 492Township GrainiePrimary Registration District No. 55D (D)City Little Bear(No. Jackson Co. Home)File No. 25307Registered No. 122 St. _____ Ward _____2. FULL NAME Alfred J. Bates(a) Residence, Not Jackson County Home St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-9-1858</u>		
7. AGE <u>73</u>	YEARS <u>1</u>	MONTHS <u>22</u>
DAYS <u>22</u>		IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>carpenter</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unknown</u>		
10. Date deceased last worked at this occupation (month and year) <u>unknown</u>		
11. Total time (years) spent in this occupation _____		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> Iowa </u>
13. NAME <u>unknown</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
15. MAIDEN NAME <u>unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
17. INFORMANT <u>J. W. Hosteller</u> (ADDRESS) <u>Je Home</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>unknown</u> DATE <u>Sept 2 1931</u>
19. UNDERTAKER <u>Ketterlin</u> (ADDRESS) <u>2657 Independence Ave St. C</u>
20. FILED <u>1-21-31</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1931, to 7/1, 1931

Last saw him alive on 6/30, 1931. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

chronic myocarditis

Date of onset _____

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Chinoid Was there an autopsy? no

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? no

If so, specify _____

(Signed) J. W. Hosteller, M. D.

(Address) Independence Ave

402272