

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.

MAR 28 1932

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

Do not use this space.

4533

1. PLACE OF DEATH
48 County Lackham Registration District No. 398
5 Township Blue Primary Registration District No. 3019
8 City Independence (No. Sanitization) St. Mo. Ward

2. FULL NAME Hazel H. Bates
(a) Residence, No. 208 1/2 N. Main St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 5 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 <u>Female</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>Don C. Bates</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25 - 1904</u>		
7. AGE YEARS <u>27</u>	MONTHS <u>6</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at Home</u>		
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) <u>Bozeman, Mont.</u>		
13. NAME <u>A. K. Nicholas</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond, Va.</u>		
15. MAIDEN NAME <u>Hattie Bushnell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>Don C. Bates</u> <u>208 1/2 N. Main</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richmond, Va.</u> DATE <u>Feb 17 - 32</u>		
19. UNDERTAKER (ADDRESS) <u>Funeral Home</u> <u>Independence, Mo.</u>		
20. FILED <u>Feb 16 1932</u> <u>7H</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 - 1932

2. I HEREBY CERTIFY That I attended deceased from Richmond, Va. 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:
Multiple Compound Fracture of lower left tibia
Left femur fracture at surgical neck
Multiple Compound Fracture right tibia with scalp wounds
Automobile Traumatism

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violent), fill in also the following
Accident, suicide, or homicide Accident Date of injury 2/13/32
Where did injury occur On Highway 24 miles
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Mo.

Manner of injury Hit by another car while
Nature of injury cleaning windshield

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [Signature] Registrar.
(Address) Independence, Mo.

