

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

Do not use this space.

20047

1. PLACE OF DEATH

58 County Lin Registration District No. 496
 1 Township Westfield Primary Registration District No. 3025
 1 City Westfield (No. 512) West Ave St. 2 Ward

File No. _____
 Registered No. 51

2. FULL NAME

(a) Residence, No. 2612 Country Club Court St. _____ Ward _____
 (Usual place of abode) Westfield Ky (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

MEDICAL CERTIFICATE OF DEATH

3 SEX male 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 Ada Bates

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 1932
 22. I HEREBY CERTIFY, That I attended deceased from June 12 1932 to June 12 1932
 I last saw him alive on June 12 1932 Death is said to have occurred on the date stated above, at 3:05 P.m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11-1889
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 6 1

Hemorrhage
Internal
Abdominal & Thoracic
Other possible internal injuries
 Other contributory causes of importance: Shock
 Date of onset 6/12/32

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. accountant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fordil Co
 10. Date deceased last worked at this occupation (month and year) June 1932 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaumont Tex

13. NAME Edwards Bates

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canton Ohio

15. MAIDEN NAME June Helber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT M. L. Deekroeger (ADDRESS) Marble Mt. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE East Board Mt. Va. DATE _____ 19__

19. UNDERTAKER Acuity & Rollins (ADDRESS) Westfield Mo.

20. FILED 6-13 1932 le E Jenkins Registrar

Name of operation none Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 6/12 1932
 Where did injury occur? New Westfield Tenn Co Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
On Highway No 36
 Manner of injury Automobile accident
 Nature of injury Crush Chest - Internal Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) M. L. Deekroeger, M. D.
 (Address) Marble Mt. Mo.

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 25 1932

WRITE PLAINLY, WITH GRADING INK—THIS IS A VITAL STATISTICS FORM

state blvoda 22
a very important

AGB
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CAUSE OF
N. B. - Bery

RECEIVED
(YODP)
MAY 1951

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Iron Registration District No. 496 File No. _____
 Township _____ Primary Registration District No. 3023 Registered No. 51
 City Brookfield (No. _____) St. _____ Ward _____

2. FULL NAME

Charles B. Bates
 (a) Residence, No. _____ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL _____

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS) _____

20. 8-6 1932 B. E. Jenkins
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Heart failure
arteriosclerosis
hypertension
other possible internal injuries
 Other contributory causes of importance: 218
shoot
Driving car thru the road
into a ditch, crushing chest.

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? accident 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 Auto accident
 Nature of injury Crushed chest

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. Cause of death 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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