

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

Do not use this space.

31824

File No.
Registered No.
St. Ward)

1. PLACE OF DEATH
28 County Crawford x Registration District No. 231
Township McNamee ^ Primary Registration District No. 5314
City Steelville (No. St. Ward)

2. FULL NAME George Bates
(a) Residence. No. St. Ward.
(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.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male x
4. COLOR OR RACE White x
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed x
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none Living x
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-17-1860 x
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 x 11 x 2 h

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Independent Pkg. Co
(c) Name of employer Independent Pkg Co

9. BIRTHPLACE (CITY OR TOWN) x Dillard Mo 1
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER x John Bates
11. BIRTHPLACE OF FATHER (CITY OR TOWN) x Dillard Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Grace Turnbough
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) x Dillard Mo
(STATE OR COUNTRY)

14. INFORMANT x Viola Bates
(Address) ^ Steelville Mo

15. FILED 1030 1932
L. G. Gibbs
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8 1932
17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1932 to Oct 8 1932
that I last saw him... alive on Oct 3 1932 and that death occurred, on the date stated above, at 1 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular disease of heart
92 (duration) 6 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 92 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Mo ①
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) A. B. Parker M. D.
, 19 (Address) Steelville 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 Sligo Cemetery DATE OF BURIAL Oct 9 1932
20. UNDERTAKER L. G. Gibbs & Sons Steelville Mo
ADDRESS

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. NOV 23 1932

