

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

Do not use this space.

33306

1. PLACE OF DEATH

89 County Ray Registration District No. 744
Township Richmond Primary Registration District No. 3035
City (No. 1976) St. _____ Ward _____

File No. _____
Registered No. 77
St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1932 Oct 6, 1932.
I last saw alive on Oct 6, 1932 Death is said to have occurred on the date stated above, at 1:30 pm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2 1875

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 2 4

Carcinoma of right arm

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

Other contributory causes of importance: 50% B E 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

Name of operation Drainage of right arm

FATHER 13. NAME John C. Cates

What test confirmed diagnosis clinical Was there an autopsy no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hodgdon Co. Mo.

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. _____

MOTHER 15. MAIDEN NAME Ruth Bales

Manner of injury _____
Nature of injury _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

17. INFORMANT E. E. Cates
(ADDRESS) Richmond Mo.

(Signed) E. E. Cates, M. D.
(Address) Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sodds Chapel 10-8, 1932

19. UNDERTAKER G. W. Mansour
(ADDRESS) Richmond Mo.

20. FILED 10-8, 1932 G. E. Ray Registrar.

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.

OGT 28 1932

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