

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.

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

Do not use this space.

36226

1. PLACE OF DEATH

4 County Lafayette
6 Township Lehigh
4 City Lehigh (No. 107)

Registration District No. 46
Primary Registration District No. 3024

File No. 107
Registered No. _____
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

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1880
7. AGE YEARS MONTHS DAY If LESS than 1 day, ... hrs. or ... min.
52 3 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice-Pres 259
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Gas + Electric Service Co.
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) Bates City, Mo.

FATHER 13. NAME Ferdinand T. Bates

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berger Is. Mo. River

MOTHER 15. MAIDEN NAME Polly Chestham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norton County Missouri

17. INFORMANT Mrs. Worth Bates
(ADDRESS) Lehigh, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lehigh DATE 11/25/32

19. UNDERTAKER Ernest Fegert
(ADDRESS) Lehigh, Mo.

20. FILED Nov. 27 19 32
B. W. Frederick
Regist.

Delia Bates

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/23/32

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

I last saw h. _____ live on _____, 19____. Death is said to have occurred on the date stated above, at 9 A. m.

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

gunshot wound
self inflicted
167

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide 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? _____
If so, specify _____

(Signed) Edmund Tisack, M. D.
(Address) Crown

