

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

Do not use this space.

**1. PLACE OF DEATH**

89 County Ray  
Township Grapegrove  
City Richmond Mo. R.F.D. (No. ....)

Registration District No. 914  
Primary Registration District No. 6235-

File No. 6932  
Registered No. 4  
St. .... Ward)

**2. FULL NAME** James L. Bate

(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 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 14, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
50 10 24

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

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) Missouri  
(STATE OR COUNTRY)

13. NAME John L. Bate

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

15. MAIDEN NAME Jesse Tannerhill

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

17. INFORMANT Mrs. Blanche Bate  
(ADDRESS) Richmond Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheeling Mo DATE 2/10/33, 19...

19. UNDERTAKER E. M. Jones  
(ADDRESS) Richmond Mo

20. FILED Feb 11, 1933 W. E. Hunt  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/8/33, 19..

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1933, to 2-8-33, 19..

I last saw him alive on 2-6-33, 19.. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Cancer of jaw  
ASD 4 5 10

Date of onset Sept 1931

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? ..... Date of injury .....

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? No

If so, specify the jaw, M. D.  
(Signed) Richmond Mo  
(Address) Richmond Mo

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.

91!!  
MAR 31 1933

DEC 29 1954