

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

Do not use this space.

15663

**1. PLACE OF DEATH**

7 County Bates Registration District No. 50  
Township Mt Pleasant Primary Registration District No. 5074  
City Bates (No. County, Infirmary)

File No. \_\_\_\_\_  
Registered No. 34 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 24, 1854</u>		
7. AGE	YEARS	MONTHS
	<u>88</u>	<u>8</u>
		DAYS
		<u>7</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	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) <u>Don't know</u>		
FATHER	13. NAME <u>Don't know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
MOTHER	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT <u>Mrs O J Radford Supt Bates</u> (ADDRESS) <u>Bates Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walc Hill</u> DATE <u>June 1, 1933</u>		
19. UNDERTAKER <u>Culver's</u> (ADDRESS) <u>Bates Mo</u>		
20. FILED <u>June 1, 1933</u> <u>Nina L Culver</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933 to May 30, 1933  
I last saw him alive on May 30, 1933 Death is said to have occurred on the date stated above, at 6 a m.  
The principal cause of death and related causes of importance were as follows:  
Fracture of neck of femur  
1860  
1910  
1110  
Other contributory causes of importance:  
steps stone pneumonia  
Date of onset 5

Name of operation 1860 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 Apr 30, 1933  
Where did injury occur? County Home -  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
In County Home in his room.  
Manner of injury fell on floor  
Nature of injury Fracture of neck of femur

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) J. J. Newlon, M. D.  
(Address) Bates 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JUN 20 1933

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