

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.

26383

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1602

City Kansas City

(No. Research Hospital)

File No.

Registered No.

3203

St.

Ward

2. FULL NAME Robert P. Bates

(a) Residence, No. 1209 Admiral Blvd. St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1879

7. AGE YEARS 54 MONTHS 0 DAYS 23 If LESS than 1 day, hrs. min.

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

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) Pekin (STATE OR COUNTRY) Ill.

13. NAME Joe B Bates

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

15. MAIDEN NAME Sophie Rucker

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

17. INFORMANT Ralph D. Bates (ADDRESS) Bloomington Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomington Ill DATE Aug 10, 33

19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 W. Linwood

20. FILED Aug 10 - 1933 In m Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/9/33, 19

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on 5/30/33, 19. Death is said

to have occurred on the date stated above, at 5:30 p.m.

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

Fracture of the skull.
Laceration of the brain.

Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of Aug 10, 33

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to natural cause (violence), fill in also the following:

Accident, suicide, or homicide. Date of injury 8/8/33

Where did injury occur? Industry (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall from scaffold

Nature of injury Fracture of the skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. H. Brown
REC'D DEPT. OF HEALTH

