

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

Do not use this space.

*coroner's copy*

**1. PLACE OF DEATH**

County Jackson

Registration District No. 404

Township Washington

Primary Registration District No. 5538

City Kansas City

No. 2100 E 85th

File No. 33393

Registered No. 53

St.

Ward

**2. FULL NAME**

(a) Residence, No. 2100 E 85th

(Usual place of abode)

St.

Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m

4. COLOR OR RACE wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22 - 1867

7. AGE

YEARS 66

MONTHS 8

DAYS 15

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

Contractor  
Builder

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) Jonesborough Ind

MOTHER FATHER

13. NAME John Bates

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

15. MAIDEN NAME Schooley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Carolina

17. INFORMANT (ADDRESS) Mrs Rose Bates  
2100 E 85th

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moriah DATE Oct 10 1933

19. UNDERTAKER (ADDRESS) D. W. Newnam  
2100 E 85th

20. FILED 10120 1938 D. F. O'Connell Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/9/33 1933

22. I HEREBY CERTIFY, That I attended deceased from 1933 to 1933

I last saw him ..... alive on ..... 19..... Death is said

to have occurred on the date stated above at ..... m.

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

Fall from tree  
rupture of the aorta  
industrial hemorrhage

Other contributory causes of importance:

Name of operation Rubbery Date of 10/9/33  
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (e.g., fall) fill in also the following: Accident, suicide, or homicide: Accident Date 10/9/33

Where did injury occur? 2100 E 85th St (Specify city or town, county, and State)

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

Manner of injury Fall from a tree

Nature of injury

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

If so, specify

(Signed)

(Address)

