

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

Do not use this space.

33705

**1. PLACE OF DEATH**

64 County Marion  
Township  
2 City Palmyra (No. ....)

Registration District No. 548.  
Primary Registration District No. 4323.

File No. ....  
Registered No. 63. St. .... Ward)

**2. FULL NAME** Stella R Bates

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47      —      2

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper

10. Date deceased last worked at this occupation (month and year) 27 previous 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co Mo

13. NAME Lewis Rush

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) John Bates, Palmyra Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE Nov 2 1933

19. UNDERTAKER (ADDRESS) E. J. Sprague, Palmyra Mo.

20. FILED Nov 2nd 1933 Gertrude Lee Registrar.

**MEDICAL CERTIFICATE OF DEATH**

4  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Probably Oct. 30th 1933

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

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 p.m. Oct. 31st  
The principal cause of death and related causes of importance were as follows:

Heart trouble  
Arthritis - High Blood Pressure - Dropsy  
Other contributory causes of importance:  
no  
Name of operation no Date of .....

What test confirmed diagnosis? .....

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

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify .....

(Signed) Carl C. Schwartz  
(Address) Hammond, Ohio  
Coroner, Marion Co., Ohio

COPY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 10 1933

OCCUPATION FATHER MOTHER

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both primary and secondary data collection techniques. The primary data was gathered through direct observation and interviews with key personnel. Secondary data was obtained from existing reports and databases.

The third section provides a detailed description of the data analysis process. This involves identifying trends, patterns, and anomalies within the data set. Statistical methods were employed to quantify the results and test hypotheses. The findings are presented in a clear and concise manner, highlighting the most significant results.

Finally, the document concludes with a summary of the key findings and recommendations. It suggests several areas for future research and improvement. The author believes that these findings will be valuable to other researchers and practitioners in the field.