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

Do not use this space.

33705

File No.

Registered No. 63.

1. PLACE OF DEATH

County Marion — Registration District No. 548.

Township — Primary Registration District No. 4323.

City Palmyra (No. ..... St. ..... Ward)

2. FULL NAME Stella R Bates

(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: 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 47 | Months — | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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. House Keeper

10. Date deceased last worked at this occupation (month and year): At present

11. Total time (years) spent in this occupation: Life

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

FATHER

13. NAME: Lewis Rush

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): J O Bates. Palmyra Mo RFD 2

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

19. UNDERTAKER (ADDRESS): E T Sprague Palmyra Mo.

20. FILED: Nov. 2nd, 1933. Gertrude Lee, Registrar.

MEDICAL CERTIFICATE OF DEATH

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 h..... alive on ....., 19..... Death is said to ~~have occurred~~ Found Dead 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 — Date of onset

Other contributory causes of importance: Arthritis - High Blood Pressure - Dropsy

Name of operation: no — 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 — , 19.....

Where did ~~injury~~ death occur? Palmyra, Marion Co. Mo (Specify city of town, county, and State)

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

Manner of injury: Found dead on floor in

Nature of injury: Coma -

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify: —

(Signed) Ariel E. Schwartz, M. D.

(Address) Hannibal, Mo.

Coroner, Marion Co.

NOV 10 1933

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.

...NEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD