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

Do not use this space.
35893

File No. .....
Registered No. 1071

1. PLACE OF DEATH
County Buchanan — Registration District No. .....
Township ..... — Primary Registration District No. 1001
City St. Joseph, (No. Memorial Home, 1120 Main St. ..... Ward)

2. FULL NAME Margaret Ann Bates,
(a) Residence, No. 1120 Main St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 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 James Henry Bates,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1853
7. AGE: Years 80 — Months 7 — Days 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) Nov. 1920
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County, Missouri.

FATHER
13. NAME William Barnett,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sanford, Kentucky,

MOTHER
15. MAIDEN NAME Martha Brown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

17. INFORMANT Howard V. Baxter
(ADDRESS) 3210 Locust St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Feuguay Cemetery DATE Nov. 3rd. 1933
19. UNDERTAKER Nelson-Bergal-Bowman
(ADDRESS) 310 So. 10th. St. Funeral Home
20. FILED 11-3-1933 John R. Benedes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1st. 1933
22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to Nov 1, 1933
I last saw h. alive on Oct 31, 1933. Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
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Other contributory causes of importance:

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Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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 occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. W. Hays, M. D.
(Address) 301 Bolenger Bldg St Joe 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