MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 11761. PLACE OF DEATH County Jackson Registration District No..... File No..... Primary Registration District No....... 4712 Charlotte Registered No.... Kansas City 2. FULL NAME Mrs. Mary Hall Bates 4712 Charlotte (a) Residence, No.... (Usual place of abode) (If nonresident, give city or town and State) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred MOS. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 1-11-34 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (prite the word) White Female I HEREBY CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. T. Bates 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12. 1858 The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. 75 30 ormin. 8. Trade, profession, or particular kind of work done, as spinner, Housewife OCCUPATION sawyer, bookkeeper, etc..... 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 11. Total time (years) spent in this occupation... year)..... BIRTHPLACE (CITY OR TOWN)... Wisconsin (STATE OR COUNTRY) 13. NAME Erasmus Hall Goshen What test confirmed diagnosis?..... Was there an autopsy?.... 14. BIRTHPLACE (CITY OR TOWN). New Hamoshire (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Mary E. Willey Accident, suicide, or homicide?...... Date of injury......., 19....... Where did injury occur? (Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN). New Hampshire (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. Homer Huffaker (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury. Forest Hill 24. Was disease If so, specify (ADDRESS)

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