

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

Do not use this space. ✓

WAR 24 1934

5303

1. PLACE OF DEATH

County Jackson
Township Prairie
City Little Blue Mo (No. Jackson County Home)

Registration District No. 400
Primary Registration District No. 5533B
Registered No. 75 St. _____ Ward _____

2. FULL NAME

Napoleon Bates
(a) Residence, No. 701 Wyndette St., _____ Ward _____

(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 <u>Male</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Wm</u>		
7. AGE YEARS <u>about 70</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>unemployed</u>		
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) <u>Oklahoma</u>		
13. NAME <u>Don't know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT <u>County Home Records Little Blue Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>100 mos. Lincoln & Lee University 3-2-34</u>		
19. UNDERTAKER <u>Phym & Brewster K Co</u>		
20. FILED <u>Feb. 28 1934 William Fields Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

5303

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24-34 1934

22. I HEREBY CERTIFY, That I attended deceased from 1930, 1930, to 2-24-34, 1934.
I last saw him alive on 2-24-34, 1934. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset
<u>Acute Aneurism (Ruptured)</u>
Other contributory causes of importance: <u>96</u>

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Ex. Autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1934
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?
If so, specify _____
(Signed) L. W. Brooker, M. D.
(Address) 2028 - Mine

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.

