WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

File No. 6456

Registered No. 1293

Registration District No. 791

Primary Registration District No. 1003

MAR 24 1934

**1. PLACE OF DEATH**

County

Township

City St. Louis (No. en route to City Hospital #1. St. Ward)

**2. FULL NAME** Perry B. Bates

(a) Residence, No. 3012 St. Vincent St., 23 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-29-1891

7. AGE: Years 42 | Months 3 | Days 4 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

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

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) Mississippi

FATHER

13. NAME Albert Bates

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

MOTHER

15. MAIDEN NAME Rio Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT Mrs. Ira Roberts
(ADDRESS) 3012 St. Vincent ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE 2/5/34 19

19. UNDERTAKER Peetz Bros.
(ADDRESS) 3029 Lafayette ave

20. FILED FEB -5 1934 J. J. Biedeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/2/34 19

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 3:34 A.M.

The principal cause of death and related causes of importance were as follows:

Gunshot wounds of abdomen, intestinal perforations - haemorrhage abdomen, gunshot wounds of limbs received from guns in the hands of Det. Sergt. Thos Dirrane, Det. James Shelton, Det. Forrest Meldrun in the performance of their duties at 3921 McPherson Ave., about 3:34 A. M., 2/2/1934.

Date of onset

Other contributory causes of importance:

JUSTIFIABLE HOMICIDE

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide or homicide? Justifiable Date of injury ....., 19.....

Where did injury occur? 3921 McPherson (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) ....., M. D.

(Address) City Morgue

2/3/34