

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

Do not use this space.

24463

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kearney

Primary Registration District No. 1035

City Raymond City

(No. South Wash.)

File No. 60001

Registered No. 60001

St.

Ward

2. FULL NAME

Landon A. Bates

(a) Residence, No. Carrollton Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Louise Bates</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 9, 1890</u>		
7. AGE <u>44</u> YEARS	<u>6</u> MONTHS	<u>1</u> DAYS
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Plasterer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Building</u>		
10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>		
11. Total time (years) spent in this occupation <u> </u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Alfred Bates

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

15. MAIDEN NAME Sarah Anderson

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

17. INFORMANT Coronair's office

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollton Mo. DATE July 11, 1934

19. UNDERTAKER Bugman Funeral Home (ADDRESS)

20. FILED July 11, 1934 M. M. Corvise Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/10/34

22. I, Deputy Coroner, certify that I attended deceased from to , 1934.

I last saw him alive on 6/8/34. Death is said to have occurred on the date stated above, m.

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

Railroad accident
Fracture of the skull.

Other contributory causes of importance:

In J. O. 7

Name of operation Autopsy Date July 11, 1934

What test confirmed diagnosis? Was there any

23. If death was due to external cause (violence), fill in as follows: Accident, suicide, or homicide. Date of injury 7/9/34

Where did injury occur Burlington, Mo. (Specify city or town, county, and State)

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

Manner of injury Blow by train

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. D.

(Address)

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

AUG 21 1934

