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

Do not use this space.

MAR 7 1935

1. PLACE OF DEATH
County RANDOLPH Registration District No. ~~735~~ 736
Township ~~Roger Creek~~ Prairie Primary Registration District No. ~~3470~~ 3964
City ..... (No. ..... St. ..... Ward)

File No. 2566
Registered No. 5

2. FULL NAME ARTHUR BATES.
(a) Residence, No. ..... St., ... Ward. Renick Mo R.F.D.
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22-1890

7. AGE: Years 44 | Months 1 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FARMER.
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) RANDOLPH Co. MISSOURI

FATHER
13. NAME JAMES R BATES
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.K.

MOTHER
15. MAIDEN NAME MARTHA WINKLER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U K

17. INFORMANT (ADDRESS) MABLE BATES Renick Mo R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ASH CEMETRY DATE 1-10 1935

19. UNDERTAKER (ADDRESS) SNOW FUNERAL HOME MOBERLY MO

20. FILED 1/9 1935 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1935

22. I HEREBY CERTIFY That I attended deceased from Coroners case 19 Died when found
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Died of and injury - Run over by a truck Truck manager Chest Bruised mashed it. with legs mere broken.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide, or homicide~~? Accident Date of injury 1/7 1935
Where did injury occur? Highway #63 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public highway
Manner of injury see above
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....
(Signed) J Madison Carter M. D.
(Address) Moberly 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

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Randolph — Registration District No. 736 — File No.
Township — Primary Registration District No. 5764 — Registered No. 3
City (No. St. Ward)

2. FULL NAME Arthur Bates
(a) Residence, No. St., Ward. Reneck R.F.D.
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mable Price Witt Bates

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22 - 1890

7. AGE — YEARS: 44 — MONTHS: 1 — DAYS: 15 — If LESS than 1 day ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Randolph Co Mo

FATHER
13. NAME James R Bates
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

MOTHER
15. MAIDEN NAME Martha Winkler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT (ADDRESS) Mable Bates Reneck Mo R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ash Cemetery DATE 1/10 1935

19. UNDERTAKER (ADDRESS) Snow Funeral Home Moberly Mo.

20. FILED Mar 4th 1936 G T Kimbrough Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jaroners, 19 to Coal Dead, 19
I last saw h alive on When found, 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Deed of injury run over by a truck Truck ran over chest and mashed it Both legs broken

Other contributory causes of importance:

210

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/7, 1935
Where did injury occur? Highway #63 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
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 Maddox Jaroners M.D.
(Address) Moberly Mo

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