

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If the deceased was a child, the physician should state the cause of death in plain terms, so that it may be properly classified.

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

Do not use this space.

MAR 28 1935

6481

1. PLACE OF DEATH

County Putnam
Township Union
City (No.) St. Ward

Registration District No. 718
Primary Registration District No. 5947

File No.
Registered No.

2. FULL NAME

Estel J. Bates

(a) Residence, No. St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Boys 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) Dec 25-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 9

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.
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) Missouri

13. NAME Estel D. Bates

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

15. MAIDEN NAME Salda Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Men data Mo.

17. INFORMANT (ADDRESS) Estel D. Bates Unionville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cem. DATE Feb. 7 1935

19. UNDERTAKER (ADDRESS) F. O. Husch & Son Unionville Mo.

20. FILED Feb 18 1935 J. W. Sullivan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1935, to Feb 6 1935. I last saw him alive on Feb 5 1935. Death is said to have occurred on the date stated above, at 11:00 A.M.

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

Pertussis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

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? no

If so, specify

(Signed) P. J. Hart M. D.

(Address) Unionville Mo.

[The body of the document contains several paragraphs of text that are extremely faint and illegible due to the quality of the scan. The text appears to be a standard memorandum or report format.]