

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.

AUG 20 1933

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. General Hosp.)

Registration District No. 399
Primary Registration District No. 1002

20030

File No. 20030
Registered No. 20030 St. Ward

2. FULL NAME

(a) Residence, No. 310 E 32 St St. Ward

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

5. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Gladys Bates
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1897
7. AGE YEARS 38 MONTHS 1 DAYS 1 If LESS than 1 day, hrs. or min.

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

13. NAME Harry Bates

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

15. MAIDEN NAME Elizabeth Sordas

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

17. INFORMANT Mrs. Gladys Bates (ADDRESS) 310 E 32 St

18. BURIAL, CREMATION, OR REMOVAL Los Angeles DATE 7-23-35

19. UNDERTAKER H. P. Quinn & Son (ADDRESS) 7 E 2nd

20. FILED 7/23 1935 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/25/35
22. I HEREBY CERTIFY That I attended deceased from 19 to 19. I last saw him alive on 25th 1935. Death is said to have occurred on the date stated above at 25th m. The principal cause of death and related causes of importance were as follows: Gunshot wound of the abdomen Date of onset

Other contributory causes of importance: 193

Name of operation Autopsy Date of operation 6/25/35
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external cause (violence), fill in space as follows: Accident, suicide, or homicide. Date of injury 6/25/35
Where did injury occur? 270 E 2nd St (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Shooting by firearm
Nature of injury Gunshot wound of the abdomen

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) W. B. Allen, M. D. (Address) Allen

