

21 1935

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

Do not use this space.

1. PLACE OF DEATH

County Polk
Township Marion
City _____ (No. _____)

Registration District No. 791
Primary Registration District No. 7920

File No. 24078
Registered No. 49
St. _____ Ward _____

2. FULL NAME

James Willard Bates

(a) Residence No. _____ 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 24

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

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) Iowa

13. NAME Ben Bates

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

15. MAIDEN NAME Susan A. Maxam

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT (ADDRESS) Bill Bates
Marion Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE July 30 1935

19. UNDERTAKER (ADDRESS) Hutchinson & Blag
Bellevue Mo.

20. FILED July 30, 1935 W. Robert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1935, to July 30 1935
I last saw him alive on July 29 1935. Death is said to have occurred on the date stated above, at 4-15 m.

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

Cerebral Apoplexy Date of onset 1931

Other contributory causes of importance:
Stroke

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? _____ 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) L. A. McKeown, M. D.
(Address) Bellevue Mo

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.

