

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.

OCT 22 1935

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

Do not use this space.

29130

1. PLACE OF DEATH

County Dent

Registration District No. 266

Township Osage

Primary Registration District No. 5-373-

City                      (No.                     )

File No.                     

Registered No. 572

St.                      Ward                     

2. FULL NAME Shirley Joan 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 20 1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. XX 5 27

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

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) Salem Mo

13. NAME Earnest Bates

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

15. MAIDEN NAME Clayds Sellers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boss Mo

17. INFORMANT Firman Sellers (ADDRESS) Boss Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Boss Mem. DATE 9/12/35

19. UNDERTAKER Carl K Spencer (ADDRESS) Salem Mo

20. FILED 9/12/35 H. E. Rivald, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/11, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 10, 1935, to Sept 11, 1935

I last saw him alive on Sept 10, 1935 Death is said

to have occurred on the date stated above at 10:11 AM

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

Decalcification

Other contributory causes of importance:

Nothing

Name of operation none Date of                     

What test confirmed diagnosis usual signs 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) H. E. Rivald, Jr., M. D.

(Address) Salem, Mo.

