

NOV 21 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County JACKSONRegistration District No. 3002Township RAWPrimary Registration District No. 3002City KANSAS CITY(No. 920 HOLMES ST-APT # 2 St. 4053 Ward)2. FULL NAME HARVEY BATES(a) Residence, No. 920 HOLMES

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

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 OFMRS. CALLIE BATES6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER-10-1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, ... hrs.

or min.

59014

OCCUPATION

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

HOTEL MANAGER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

RAILROAD

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) JONESBORO
(STATE OR COUNTRY) INDIANA

FATHER

13. NAME JOHN W. BATES

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) INDIANA

MOTHER

15. MAIDEN NAME EMILY SCHOOLEY

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) INDIANA17. INFORMANT MR. PAUL W. BATES
(ADDRESS) 1825 EAST 8TH ST.

18. BURIAL, CREMATION, OR REMOVAL

PLACE MT. MORIAH DATE OCTOBER 28, 193519. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) 2111 EAST 9TH ST.20. FILED 10/25 1935 M.M. Crowe, cash

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER-24-193522. I HEREBY CERTIFY, That I attended deceased from July 15, 1935 to Oct 24, 1935I last saw him alive on Oct 23, 1935 Death is saidto have occurred on the date stated above, at 5:15 P.M.

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

Chronic Endocarditis Date of onset 7-1-35Other contributory causes of importance Chronic Myocarditis with Dilatation of Heart Date of onset 7-1-35

Name of operation _____ Date of _____

What test confirmed diagnosis? no 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 _____

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) Chas. Wilson M. D.(Address) 1200 W. 11th St.

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.

WHITE-EMERY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1200. Professional Bldg

9.30.3