APR 28 1936

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

Do not use this space.

8888

1. PLACE OF DEATH
County Stoddard — Registration District No. — File No.
Township — Primary Registration District No. — Registered No.
City New Dexter (No. , St. Ward)

2. FULL NAME Homer E. Bates

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 23 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 OF Nellie Bates

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 1912

7. AGE — YEARS 23 — MONTHS 4 — DAYS 24 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Scott Co Mo

FATHER
13. NAME Wm D Bates
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Co Tenn

MOTHER
15. MAIDEN NAME Luada Hicks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Co Tenn

17. INFORMANT (ADDRESS) Wm D Bates Sikeston Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sikeston DATE Mar 2 1936

19. UNDERTAKER (ADDRESS) H J Wilcox Sikeston Mo

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 29 , 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7 15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Head on collision	
in auto wreck.	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Feb 29, 1936
Where did injury occur? New Dexter Mo Stoddard Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury Auto Accident
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Lloyd O. Morgan Coroner, ~~M.D.~~
(Address) Advance Mo

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 4 - 1895