

MAY 21 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15600

1. PLACE OF DEATH

County JACKSONRegistration District No. 404Township WashingtonPrimary Registration District No. 25358City JAC(No. 2100 - EAST - 85TH)

File No. _____

Registered No. 42

St. _____

Ward _____

2. FULL NAME

MRS. ROSE BATES(a) Residence, No. 2100 - EAST - 85TH St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

FEMALE

WHITE

WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

WILLIAM H. BATES

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

AUGUST-4-1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

63

8

23

OCCUPATION

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

AT HOME

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)LOUISBURG
KANSAS

FATHER

13. NAME

JOHN D. NICHOLS

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)BEECHER CITY
ILLINOIS

MOTHER

15. MAIDEN NAME

PAMELIA CATCHING

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

ALABAMA

17. INFORMANT

MISS CLARA M. BATES

(ADDRESS)

2100 - EAST - 85TH ST.

18. BURIAL, CREMATION, OR REMOVAL

PLACE MT. MORIAH DATE Apr - 29 - 1936

19. UNDERTAKER

D. W. NEWCOMER'S SONS

(ADDRESS)

211 EAST 9TH ST. N.C. Mo.

20. FILED

April 23 - Fred J. Sweeney
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL-27-1936

22. I HEREBY CERTIFY, That I attended deceased from

March 1, 1935, to April 27, 1936I last saw her alive on April 26, 1936 Death is saidto have occurred on the date stated above, at 7:40 A.M.

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

Chronic MyocarditisDate of onset
3 or 4 years

Other contributory causes of importance

Arteriosclerosis

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

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? _____

If so, specify _____

(Signed) E. S. Merriam, M. D.(Address) 1318 Bryant Bldg

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.

1318 - Bryant Bldg.

1-4:30