

JUL 24 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

22933

1. PLACE OF DEATH

County Jackson

Registration District No.

Township Kaw

Primary Registration District No.

City Kansas City(No 3660 Summit

File No.

Registered No. 2805

St. Ward)

2. FULL NAME Mrs. Mary A Bates(a) Residence, No. 3319 Baltimore

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)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

John Henry Bates

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

Jan 171869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

67427

OCCUPATION

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

Housewife

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)

St. Joseph, Mo.

FATHER

13. NAME

No record

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

No record

MOTHER

15. MAIDEN NAME

Anna Rothmeister

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

Germany

17. INFORMANT (ADDRESS)

Arthur J. Bates
Broadlands Dale

18. BURIAL, CREMATION, OR REMOVAL

Calvary Cemetery DATE 6/16/36

19. UNDERTAKER (ADDRESS)

Quirk & Tobin Co.
20 West Linwood

20. FILED

6/15/36 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1936

22. I HEREBY CERTIFY, That I, attended deceased from

10/8, 1936, to 6/14/36, 1936.

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at 7:40 P. M.

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

Uncomplicated

Date of onset

Primary liver diseaseSecondary to carcinomaRight Breast

Other contributory causes of importance:

Plural effusion andRight pleuralName of operation Right Breast Rt Date of 1935What test confirmed diagnosis? Lab 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) Lothar H. H. H. H. M. D.(Address) 830 Bayville N.P. Ma.

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.

