

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

Do not use this space.

SEP 21 1936

30247

1. PLACE OF DEATH

County Reger
 Township Lincoln
 City Stockton (No. _____)

Registration District No. 165
 Primary Registration District No. 5231

File No. Aug. 26-1936
 Registered No. 1721
 St. _____ Ward _____

2. FULL NAME

Betty Jean Yates
 (a) Residence, No. 2421 Myrtle Kansas City Mo. (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17, 1921
 7. AGE YEARS 15 MONTHS 0 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler, Mo.
 13. NAME Jno. R. Yates
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler, Mo.
 15. MAIDEN NAME Clara Shouse
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dadeville, Mo.
 17. INFORMANT Clara Shouse (ADDRESS) 2421 Myrtle, K.C. Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Grainfield Mo. DATE Aug 26, 1936
 19. UNDERTAKER H.C. Dandies & Co. (ADDRESS) Stockton Mo.
 20. FILED Aug 26, 1936 Miss D.G. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25, 1936
 22. I HEREBY CERTIFY, That I attended deceased from 8-25-, 1936, to 8-25-, 1936.
 I last saw him alive on 8-25-, 1936. Death is said to have occurred on the date stated above, at 5:45 A.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral concussion

Date of onset

Other contributory causes of importance:

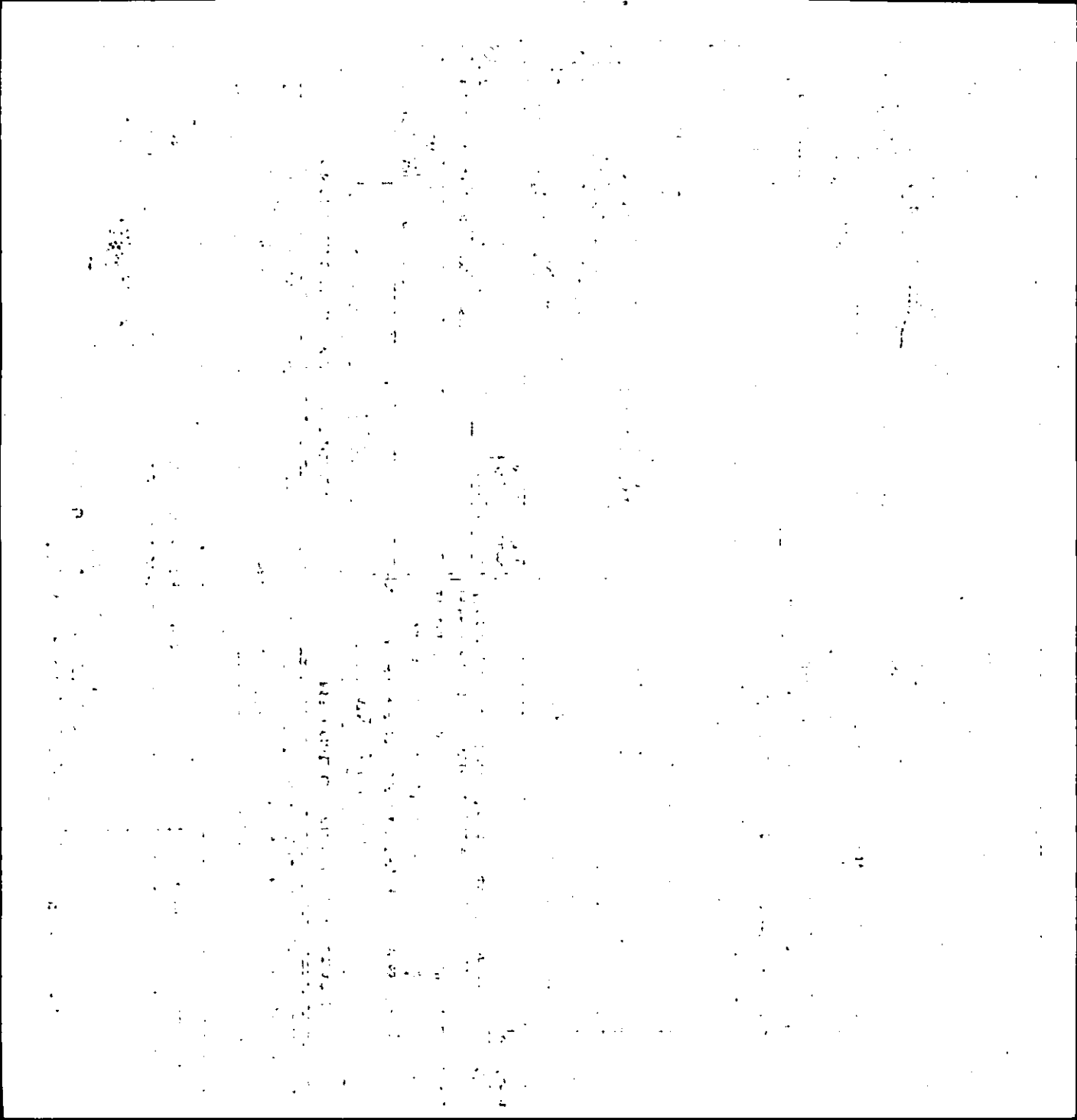
Fracture at base of skull, hemorrhage

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) M.L. Bentley, M. D.
 (Address) Stockton, Mo.



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Cedar

Registration District No. 165

Township Lincoln

Primary Registration District No. 5231

City Lincoln (No.)

St. Ward

File No. Aug 26-1936
Registered No.

2. FULL NAME Betty Jean gates

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 15 0 8

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Aug 26 1936 Mrs J. G. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 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 m.

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

Date of onset

Other contributory causes of importance:

Fracture of base of skull

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (accident), fill in also the following:

Accident, suicide, or homicide? accident Date of injury Aug 25 1936

Where did injury occur? Cedar County, Missouri

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

on public (state) highway # 64

Manner of injury car wreck

Nature of injury fracture of base of skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) M. L. Gentry, M. D.

(Address) St. Antonio

