

NOV 20 1936

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

Do not use this space.

37003

1. PLACE OF DEATH
 County Copper Registration District No. 137
 Township Hale Primary Registration District No. 4077
 City Hale (No. _____) St. _____ (Ward _____)

2. FULL NAME SAMUEL Nelson Bates
 (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 Male 4. COLOR OF FACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 2 13

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

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

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) Hale, Iowa

MOTHER FATHER

13. NAME Samuel Bates

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston, Iowa

15. MAIDEN NAME Weston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston, Iowa

17. INFORMANT (ADDRESS) M. L. Bates

18. BURIAL, CREMATION, OR REMOVAL PLACE Hale DATE Nov 1 1936

19. UNDERTAKER (ADDRESS) Frank E. Selter
Hale, Mo.

20. FILED Nov. 1, 1936 Mrs. Ruby Barnes Registrar.
(Deputy)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1936, to Oct. 31, 1936
 I last saw him alive on Oct. 31, 1936 Death is said to have occurred on the date stated above, at 7:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Gonorrhoea Date of onset _____
Hypertrophied Prostate
 Other contributory causes of importance _____

Name of operation Prostatic Resection Date of operation Oct. 18, 1936
 What test confirmed diagnosis? _____ Was there an autopsy? no

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) J. C. Gamble, M.D.
 (Address) Hale, 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.

