

JAN 19 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

44826

File No. 5400
 Registered No. _____
 St. _____ Ward _____

1. PLACE OF DEATH

County Jackson
 Township Raw
 City Kennett City (No. 728)

Registration District No. 399
 Primary Registration District No. 1002

2. FULL NAME

(a) Residence, No. Richmond, Mo.
 (Usual place of abode)

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 M 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. 10,

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 4 5

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

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) Ray Co.

13. NAME John J. Bates

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

15. MAIDEN NAME Catherine Propert

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

17. INFORMANT (ADDRESS) Peter Lapinski
Kennett City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Richmond DATE Dec 17 1936

19. UNDERTAKER (ADDRESS) C. M. Linder
Richmond, Mo.

20. FILED 12-15 1936 W. L. Linder
Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/15/36

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above at _____.

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

Chronic Alcoholism Date of onset _____

Other contributory causes of importance: 15

Name of operation Autopsy Date 12/15/36

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) [Signature], M. D.

(Address) [Signature]

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.

