

MAR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County JacksonTownship IndependenceCity IndependenceRegistration District No. 398Primary Registration District No. 3019File No. 6143Registered No. 40

Sanitarium Ward

2. FULL NAME

(a) Residence, No. 516 N. Osage 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 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)

Mar 11 - 1892

7. AGE

YEARS

MONTHS

DAYS

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

441018

OCCUPATION

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

Laborer

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)

Jackson

FATHER

13. NAME

Charles A. Bates

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

Canada

15. MAIDEN NAME

Unknown

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

Ill

17. INFORMANT (ADDRESS)

Thomas Bates 423 S. Main St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Woodlawn Cem.

DATE

Feb 3 1937

19. UNDERTAKER (ADDRESS)

Off + Mitchell Independence Mo.

20. FILED

2-8-19372-L. Cook

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb 11937

22. I HEREBY CERTIFY, That I attended deceased from

Jan 14, 1937, to Feb 1, 1937I last saw h. w. alive on Feb 1, 1937. Death is saidto have occurred on the date stated above, at 4:30 A. m.

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

Pneumonia before birthChronic pyelitis with anuriafibrosis

Other contributory causes of importance

Name of operation

none

Date of

What test confirmed diagnosis?

none

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

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)

James E. Johnson, M. D.

(Address)

Independence 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.

