

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

Do not use this space.

APR 8 1937

9348

**1. PLACE OF DEATH**

County Jackson  
Township K.C. Mo.  
City K.C. Mo.

Registration District No. 399  
Primary Registration District No. 1602

File No. 1034  
Registered No. 1034  
St. Ward

**2. FULL NAME**

Bessie Woods Bates  
(a) Residence, No. 1527 Olive St., Ward.  
(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<br><u>Fe</u>                                                                     | 4. COLOR OR RACE<br><u>Negro</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED<br>HUSBAND OF<br>(OR) WIFE OF <u>Anthony Bates</u> |                                  |                                                                             |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>July 4<sup>th</sup> 1916</u>              |                                  |                                                                             |
| 7. AGE<br><u>20</u>                                                                     | YEARS<br><u>7</u>                | MONTHS<br><u>22</u>                                                         |
| DAYS<br><u>22</u>                                                                       |                                  | If LESS than 1 day, ..... hrs. or ..... min.                                |

|            |                                                                                                                  |
|------------|------------------------------------------------------------------------------------------------------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>unemployed</u> |
|            | 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)  
Oklahoma

|        |                                                                  |
|--------|------------------------------------------------------------------|
| FATHER | 13. NAME<br><u>Tommy Hallaway</u>                                |
|        | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Texas</u> |
|        | 15. MAIDEN NAME<br><u>Arnetta Pope</u>                           |
|        | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Ark</u>   |

17. INFORMANT (ADDRESS)  
Arnetta Woods  
1527 Olive St.

18. BURIAL, CREMATION, OR REMOVAL  
3000 Ridge Lawn DATE 3-2-37

19. UNDERTAKER (ADDRESS)  
Allyn & Greenstreet  
1527 Olive St.

20. FILED  
3/1 1937 M. M. Brown  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/26 1937  
22. I HEREBY CERTIFY That I attended deceased from Jan-18 1937 to Feb-18 1937  
I last saw him alive on 2-18 1937. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:  
Bronchitis Pneumonia Date of onset 2/17/37

Other contributory causes of importance:  
Influenza 30 days

Name of operation Chinul Date of 11/2  
What test confirmed diagnosis Chinul 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) A. D. Farwell, M. D.  
(Address) 2200 E. 15th St

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.

