APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Dunklin
Registration District No.: 289
File No.: 11789
Township:
Primary Registration District No.: 473
Registered No.: 21
City: Malden (No. , St. Ward)

2. FULL NAME: Still born 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Still born

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 24 1937

7. AGE: Years 0 Months 0 Days 0 If LESS than 1 day, hrs. or 3 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Still born
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Still born
10. Date deceased last worked at this occupation (month and year): Still born
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Malden Mo

FATHER
13. NAME: Willis Gates
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Falcomb Mo

MOTHER
15. MAIDEN NAME: Reeh Ester
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Malden Mo

17. INFORMANT (ADDRESS): Willis Gates Malden Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Malden Mo DATE: 3/25/ 1937

19. UNDERTAKER (ADDRESS): None

20. FILED 3/24/ 1937 S. E. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 24 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/24/ 1937 to 3/24/ 1937
I last saw her alive on Still born 3/24/ 1937 Death is said to have occurred on the date stated above, at 1 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocervicitis in mother	10/1/36

Other contributory causes of importance:

Name of operation: none Date of:
What test confirmed diagnosis: Clinical 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) S. E. Mitchell, M. D.
(Address) Malden 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.