

V-1530

MAY 15 1937

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

Do not use this space.

15056

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No.
Primary Registration District No.
(No. 4023 Prospect)

File No. 15056
Registered No.
St. Ward)

2. FULL NAME Mrs. Ann Bates

(a) Residence, No. 4023 Prospect 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 <u>Fe</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 11 1861</u>		
7. AGE <u>35</u> YEARS <u>75</u>	MONTHS <u>7</u>	DAYS <u>22</u> If LESS than 1 day, hrs. min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) <u>Saline Co. Mo.</u>		
FATHER	13. NAME <u>Charles</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Virginia</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS) <u>Mrs. Virginia Bates</u> <u>4023 Prospect</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cremation</u> DATE <u>Apr 5 1937</u>		
19. UNDERTAKER (ADDRESS) <u>D. W. Newcomer</u>		
20. FILED <u>4-3-</u> <u>37</u> <u>M. M. Newcomer</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 3, 1937</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 10 1936</u> to <u>Apr 3 1937</u> I last saw him alive on <u>Apr 1 1937</u> . Death is said to have occurred on the date stated above, at <u>10:10 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Carcinoma Pyloptic and of stomach</u> Date of onset <u>Prob 1934 or 5</u>
Other contributory causes of importance:	
Name of operation <u>None</u> Date of <u>no</u> What test confirmed diagnosis? <u>X-ray & symptoms</u> Was there an autopsy? <u>no</u>	
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? <u>no</u> If so, specify (Signed) <u>Donald Dean</u> M. D. (Address) <u>714 Bryant Bldg</u>	

Bryant Bldg.