

JUN 22 1937

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

Do not use this space.

20227

1. PLACE OF DEATH

County Iron
Township Concader
City Pilot Knob (No., St. Ward)

Registration District No. 392
Primary Registration District No. 4231

File No.
Registered No. 3

2. FULL NAME Nellie Daisy Bates

(a) Residence, No. 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fem 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lyman Bates

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1. 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 9 1

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

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) Apr 11. Total time (years) spent in this occupation 12 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Knob Mo.

13. NAME Willaim Barnes

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

15. MAIDEN NAME Ellen Harbison

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

17. INFORMANT Lyman Bates (ADDRESS) Pilot Knob Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Widdleshook Mo. DATE 5-4 1937

19. UNDERTAKER White (ADDRESS) Widdleshook Mo

20. FILED May 10 1937 L J Effinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May. 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24 1936, to May 2 1937

I last saw her alive on May 1st 1937 Death is said to have occurred on the date stated above, at 4:45 P.m.

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

cerebral hemorrhage
"apoplexy"
hypertensive heart disease
Date of onset 12-24-36

Other contributory causes of importance:
hypertensive heart disease

Name of operation 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 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) P. E. Darland, M. D.
(Address) Shrouton, 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.

17-27044

