

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.

JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Cedar*

Township

City *Eldorado Spgs.*

Registration District No. *163*

Primary Registration District No. *4095*

File No.

23419

Registered No.

40

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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)

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

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

June 17 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

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

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)

*Eldorado Spgs.
MO*

13. NAME

Gus Bates

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

*Carrollton
MO*

15. MAIDEN NAME

Beatrice Crowell

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

*Lexington
MO*

17. INFORMANT
(ADDRESS)

Gus Bates

18. BURIAL, CREMATION, OR REMOVAL

PLACE *City cem*

DATE *6-18-*

1937

19. UNDERTAKER
(ADDRESS)

*Gus Bates - Father
Eldorado Springs*

20. FILED

6-18-

1937

G. W. Dawson

Registrar

MEDICAL CERTIFICATE OF DEATH

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

6-17-1937

22. I HEREBY CERTIFY, That I attended deceased from

June 16, 1937, to June 17, 1937

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Still birth

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

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

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) *C. J. Timberworth*

(Address) *Eldorado Springs*

