

NOV 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Pike
Township Buffalo
City Ne

Registration District No. 689
Primary Registration District No. 5917

File No. 38509
Registered No. 38509
St. Ne Ward

2. FULL NAME

(a) Residence, No. Mary Bates St. Ne 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 Female
4. COLOR OR RACE colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robt. D. Bates
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 1883
7. AGE YEARS 54 MONTHS x DAYS 3
If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Pike Co
(STATE OR COUNTRY) Mo.

13. NAME John Whittaker

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

15. MAIDEN NAME Elizabeth Sanders

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

17. INFORMANT Robt. D. Bates
(ADDRESS) Lyrene Mo.

18. BURIAL, CREMATION, OR REMOVAL Laurens Cemetery DATE Oct 22 1937

19. UNDERTAKER Wm. Brantford
(ADDRESS) Lawrence Green Mo.

20. FILED 10/22/37 J. F. Haring Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/20 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/19/37 to 10/20/37 1937

I last saw him alive on 10/19/37 1937 Death is said to have occurred on the date stated above, at 12:20 m.

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

Apoplexy Cerebral Date of onset 10/19/37

Other contributory causes of importance:

8501

Name of operation 8501 Date of 10/19/37

What test confirmed diagnosis? 8501 Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 8501 Date of injury 10/19/37

Where did injury occur? 8501 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 8501

Nature of injury 8501

24. Was disease or injury in any way related to occupation of deceased?

If so, specify 8501

(Signed) J. A. Mathews M. D.

(Address) Bowling Green Mo.

