

DEC 14 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Buchanan  
Township.....  
City St. Joseph, (No. Missouri)

Registration District No. 85  
Primary Registration District No. 1001  
Methodist Hospital

File No. 40661  
Registered No. 1216  
St. .... Ward)

2. FULL NAME Alma Elizabeth Gates

(a) Residence, No. 16, Railroad Ave. St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 11 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

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2, 1937 . 195A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Homer Gates22. I HEREBY CERTIFY, That I attended deceased from Nov-1-1937 to Nov-1-19376. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1904I last saw h. or alive on Nov-1-1937, 1937. Death is said7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 33 8 13to have occurred on the date stated above, at 2.15 p.m. A M.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.EpilepsyDate of onset 1937

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.....

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon, Mo.13. NAME Andrew W. BradshawName of operation none Date of .....14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Xenia, Ill.What test confirmed diagnosis Autopsy Was there an autopsy? Yes15. MAIDEN NAME Bird L. Walkinshaw

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

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

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

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

17. INFORMANT Homer Gates Railroad Ave. (ADDRESS)

Manner of injury.....

Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon, Missouri DATE Nov. 4, 1937 1924. Was disease or injury in any way related to occupation of deceased? no19. UNDERTAKER Walter M. ... (ADDRESS) 1304 Faraon St., St. Joseph, Mo.

If so, specify .....

(Signed) T. L. ... M. D.20. FILED Nov 2, 1937 H. J. ... Registrar.(Address) Kirkpatrick Bldg., St. Joseph, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION

FATHER

MOTHER

