

DEC 16 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Went
 Township Wagon Wheel
 City Lake Springs

Registration District No. 246
 Primary Registration District No. 2278

File No. 41137
 Registered No. 78
 St. Ward

2. FULL NAME

(a) Residence, No. Martha Gleweelyn Bates Ward
 (Usual place of abode) Lake Springs, Mo.

(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 3 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 29 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
62 89 7 15

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

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) Lake Springs (STATE OR COUNTRY) Mo.

13. NAME John H. Bates

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

15. MAIDEN NAME Gleweelyn Ruth

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

17. INFORMANT John Bates (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Springs DATE Nov 16 1937

19. UNDERTAKER W. H. Bates (ADDRESS)

20. FILED Nov 16 1937 W. H. Bates Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1937, to Nov. 14, 1937

I last saw him alive on Nov 14, 1937. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Date of onset
11-12-37

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 , 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? If so, specify (Signed) William S. Brown, M. D.(Address) St. James, Mo.

