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.

REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan 2 1 Registration District No. 85 File No. 6103
Township Washington Primary Registration District No. 1004 Registered No. 178
City St. Joseph (No. 924 W. Cliff St. St. Ward)

2. FULL NAME John David Kates 320
(a) Residence, No. 924 W. Cliff St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1938

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 0 | 0 | 11 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) St. Joseph Missouri 0

FATHER
13. NAME John A. Kates
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Missouri 0

MOTHER
15. MAIDEN NAME Magnolia Trammel 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur Ark.

17. INFORMANT (ADDRESS) John A. Kates 924 W. Cliff St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grant City, Mo. DATE Feb. 10, 1938.

19. UNDERTAKER (ADDRESS) Clark Mortuary St. Joseph, Mo.

20. FILED Feb 9 1938 H J Mattlebus Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1938 to Feb 9, 1938
I last saw him alive on 2-8, 1938 Death is said to have occurred on the date stated above, at 12 30 A.M.
The principal cause of death and related causes of importance were as follows:

Failure of Foramen Ovale to Close

Date of onset

Other contributory causes of importance: 1570

Name of operation Date of
What test confirmed diagnosis? Clin 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 3

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Blanch B Rennick M.D.
(Address) 222 Logan Bldg