

REC'D MAR 23 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

6603

1. PLACE OF DEATH

County Deer
Township Watkins
City Rolla (No. 32)Registration District No. 6
Primary Registration District No. 320File No. 6603
Registered No. 6603
St. Rolla Ward 1

2. FULL NAME

(a) Residence, No. 320 Bredrick Edward Bates St. Rolla Ward 1
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Bredrick6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31 18587. AGE YEARS 79 MONTHS 3 DAYS 11 If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Farmer

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 1112. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England13. NAME Edw. Bates14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England15. MAIDEN NAME Mary Bredrick16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England17. INFORMANT (ADDRESS) Henry Bates18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla DATE 2/13 193819. UNDERTAKER (ADDRESS) Rolla20. FILED 19 11 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12 193822. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1938, to Feb. 12 1938I last saw him alive on Feb. 5 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Pneumonia (lobar)
Hypertension
Debility
108

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19Where 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? no
If so, specify(Signed) E. E. Ferrell M. D.(Address) Rolla Mo.

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

6603
Do not use this space.

1. PLACE OF DEATH

(a) County Dent Registration District No. 266
(b) Township Watkins Primary Registration District No. 3378
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Frederick Edward Bates Leona mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 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 Frederick
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 1852
7. AGE YEARS 79 MONTHS 3 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) England (STATE OR COUNTRY)

13. NAME Geo. W. Bates
14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY)

15. MAIDEN NAME Mary Bates
16. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY)

17. INFORMANT Henry Bates (ADDRESS) Leona mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rhea DATE 2/13 1938

19. FUNERAL DIRECTOR Fuller Son (ADDRESS) Ralla mo.

20. FILED April 12, 1938 G. E. Butler M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12, 1938

I HEREBY CERTIFY, That I attended deceased from Feb 1 1938 to Feb 12 1938
I last saw him alive on Feb 5 1938 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis (Local)
Hypertension
Senility
Other contributory causes of importance: 105-

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) E. E. Leind _____ M. D.
(Address) Ralla mo.

