

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

Do not use this space.

19096

1. PLACE OF DEATH

County *Remond - 2*
Township *1*
City *North* (No. *320*)

Registration District No. *653*
Primary Registration District No. *4390*

File No. _____
Registered No. *40*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred *5* 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 *Col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Susie Gates*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *11-3-1896*

7. AGE YEARS *41* MONTHS *6* DAYS *6* If LESS than 1 day, hrs. or min.

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

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) *5-5-38* 11. Total time (years) spent in this occupation *31*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sardinias*

13. NAME *Adam Gates*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *South Car.*

15. MAIDEN NAME *Nellie Miller*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *South Carolina*

17. INFORMANT (ADDRESS) *Susie Gates North - Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Concord* DATE *5-13-38*

19. UNDERTAKER (ADDRESS) *Mrs J. South North - Mo*

20. FILED *5-13-1938* *J. R. Rhodes* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/19*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *March 15*, 19*38* to *April 29*, 19*38*

I last saw him alive on *April 29*, 19*38*. Death is said to have occurred on the date stated above, at *1 P.*m.

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

Aortic insufficiency

Other contributory causes of importance: *92 W*

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 *C. M. Bullock*, M. D. (Signed) *C. M. Bullock*

(Address) *734 Perre*
Memphis Tenn

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

