

RECEIVED JUN 8 1938

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

Do not use this space.

19396

1. PLACE OF DEATH

County St. Francois

Registration District No. 271

File No.

Township Iron

Primary Registration District No. 6217

Registered No.

City Iron Mountain (No.) St. Ward)

2. FULL NAME Iva Etta Bates

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX fem. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 40 5 4

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

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) Graniteville Mo.

13. NAME William Hall

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

15. MAIDEN NAME Eva Liggett

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

17. INFORMANT Earnest Bates (ADDRESS) Iron Mountain Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Middlebrook Mo. DATE May 9 1938

19. UNDERTAKER Norman White & Son (ADDRESS) Ironton Mo.

20. FILED May 8 1938 J. H. Galbreath Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 2 - 1938 May 7 - 1938

I last saw her alive on May 7, 1938 Death is said to have occurred on the date stated above, at 9.15 a.m.

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

Pulmonary Tuberculosis

Other contributory causes of importance:

Influenza

Name of operation..... Date of.....

What test confirmed diagnosis? Autopsy 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.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) J. H. Galbreath M. D.

(Address) Iron Mountain Mo.

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

J. Galbreath

