DEC 19 1938

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

40147
Do not use this space.

1. PLACE OF DEATH
(a) County Ray
(b) Township
(c) City Richmond
(d) Street No. ..... St.
(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.

Registration District No. 744
Primary Registration District No. 3035
Registered No. 181

2. PRINT FULL NAME Lula Cates
(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.B. Cates
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug.8.1873
7. AGE: YEARS 65 | MONTHS 2 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Duties
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) (STATE OR COUNTRY) Elkhorn Mo.

FATHER
13. NAME Thomas, Vanderpool
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tenn;

MOTHER
15. MAIDEN NAME Rachel Campbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tenn;

17. INFORMANT (ADDRESS) W. B. Cates Richmond Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Suny Slope DATE Nov.4.1938, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. Thurman 669 Richmond Mo.
20. FILED 12-1 1938 Mary B. McDonald Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov.2.1938, 19
22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw her alive on Nov 2-1938 Death is said to have occurred on the date stated above, at 5/45 A.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus 48

Date of onset

Other contributory causes of importance:

Complications of Carcinoma

Name of operation ..... Date of .....
What test confirmed diagnosis Clinic 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) C. E. Gay, M. D.
(Address) Richmond Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

I X14028

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/7/38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.