WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 APR 11 1939

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

Do not use this space.

1. PLACE OF DEATH
County Barton 1 Registration District No. 41 File No. 9952
Township Ozark Primary Registration District No. 5062 Registered No.
City Minden (No. St. Ward)

2. FULL NAME Roy Allen Gates
Residence, No. 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. 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 son of Mr & Mrs Elmer Gates
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 31st 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 13 hrs. or min.

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) Minden Missouri 0

FATHER
13. NAME Elmer Gates 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri 0

MOTHER
15. MAIDEN NAME Edith Prettyman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberal Missouri

17. INFORMANT (ADDRESS) Elmer Gates Minden Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Rosebank, Mulberry Ks DATE 4/1 1939
19. UNDERTAKER (ADDRESS) Smith Funeral Home Mulberry Ks
20. FILED April 5 1939 F. R. Spell M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31st 1939
22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1939, to Mar 31, 1939
I last saw him alive on Mar 31, 1939. Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | |
| 154 | |

Other contributory causes of importance:

Name of operation Date of 0
What test confirmed diagnosis? Undeveloped small Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 19 0
Where did injury occur? 0 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0
If so, specify 0
(Signed) A. G. Eddleman, M. D.
41 (Address) Liberal, Mo.