REC'D APR 10 1939

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

Do not use this space.

10882

File No.

Registered No.

Registration District No. 317

Primary Registration District No. 5436

1. PLACE OF DEATH

County GREEN

Township REPUBLIC

City ~~REPUBLIC~~ (No. , St. Ward)

2. FULL NAME FRENKLONE UGENE 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 yrs. mos. 1 ds. 3 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 1st 3 9

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	1	3	

OCCUPATION

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

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) MISSOURI

FATHER

13. NAME ERNEST E BATES

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

MOTHER

15. MAIDEN NAME FRANCES EDGAR

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

17. INFORMANT (ADDRESS) ERNEST BATES Republic Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE ROCK PRAIRY DATE Mar 5 1939

19. UNDERTAKER R. E. THURMAN (ADDRESS) REPUBLIC

20. FILED Mar 4 1939 Mrs Bertha Nance Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1 1939, to March 4 1939

I last saw him alive on March 3 1939. Death is said to have occurred on the date stated above, at 2 a m.

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

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:
none

Name of operation none Date of

What test confirmed diagnosis? Physical Sign 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) E L Beal , M. D.
(Address) Republic 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.

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

100M-11-38