

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

JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Henry  
Township Wavis  
City Clinton

Registration District No. 355  
Primary Registration District No. 5497

File No. 23826  
Registered No. 4

2. FULL NAME

Alice May Gates

(a) Residence, No. Clinton, Mo. R.R. 4 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Walter J. Gates</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 16, 1892</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>5</u>
	DAY <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1925, to 7-4, 1937

I last saw h.s. alive on 7-4, 1937 Death is said to have occurred on the date stated above, at 7:25 p.m.

The principal cause of death and related causes of importance were as follows:  
Basal Infection  
Articular Rheumatism  
Endocarditis (Mitral)  
Cardiac Decompensation  
Thrombosis of Subclavian

Date of onset  
1925  
1925  
1925  
Feb 1937  
Mar 1937

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Physic 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) Ed. P. Celler, M. D.  
(Address) Clinton, Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

MOTHER FATHER

13. NAME Chris Henry

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

15. MAIDEN NAME Mary Ann Williams

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

17. INFORMANT (ADDRESS) Elaine Ming

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE 7/5 1937

19. UNDERTAKER (ADDRESS) F. J. Jernatt

20. FILED 7-5 1937 W. E. Baggerly Registrar

