

APR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Ray  
Township  
City Richmond (No. \_\_\_\_\_)

Registration District No. 744  
Primary Registration District No. 335

File No. 13164  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Hattie Bates

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 3 5

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

13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Harry Bates  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond, Mo. DATE 3-31-37

19. UNDERTAKER C. M. Goyner  
(ADDRESS) Richmond, Mo.

20. FILED Apr. 10 1937 Frank M. Donald  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-28-37, 1937, to 3-29-37, 1937.

I last saw h. at alive on 3-29-37, 1937. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Cerebral hemorrhage Date of onset \_\_\_\_\_

Other contributory causes of importance: hypertension

Name of operation no Date of \_\_\_\_\_

What test confirmed diagnosis? P. Et 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 \_\_\_\_\_, 1937

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 \_\_\_\_\_

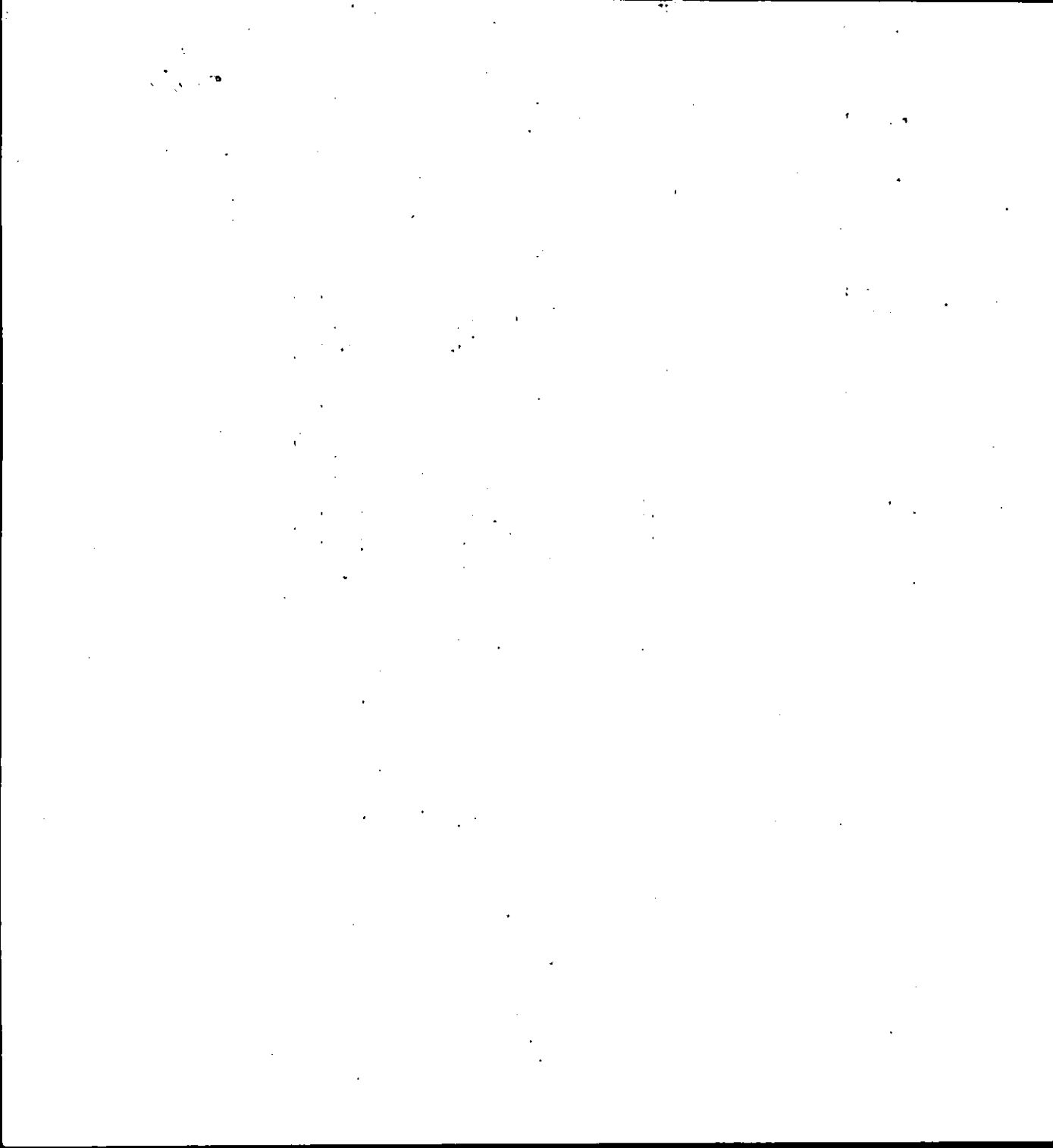
24. Was disease or injury in any way related to occupation of deceased? Y

If so, specify hard work

(Signed) Frank M. Donald, M. D.

(Address) Richmond, 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.



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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County Ray  
Township Richmond  
City Richmond (No. ....)

Registration District No. 744  
Primary Registration District No. 3035

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

Hattie 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX 7 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

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

I last saw h. .... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....., m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
53 3 5

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

Cerebral Hemorrhage Date of onset

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 spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

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.

17. INFORMANT (ADDRESS)

Manner of injury .....  
Nature of injury .....

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify .....

19. UNDERTAKER (ADDRESS) C. M. Jones

(Signed) H. W. Griffith, M. D.

20. FILED 4/10-37 Maup. M. D. Jones Registrar

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

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