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

FEB 24 1936

2640

1. PLACE OF DEATH
County Ray Registration District No. 744
Township Richmond Primary Registration District No. 3035
City Richmond St. _____ Ward _____
2. FULL NAME John T. 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

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 15 1859
7. AGE YEARS 76 MONTHS 21 DAYS 13
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Ray County Missouri
13. NAME David Thomas Bates
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Missouri
15. MAIDEN NAME Mary Ann Betty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Virginia
17. INFORMANT (ADDRESS) Mrs. John T. Bates Richmond Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Church Hill Cem. January 29 1936
19. UNDERTAKER (ADDRESS) J. W. Manders Richmond Missouri
20. FILED 2-10 1936 E. E. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 28 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1936 to Jan 28 1936
I last saw h. in alive on Jan 19 1936. Death is said to have occurred on the date stated above, at 9:50 am.
The principal cause of death and related causes of importance were as follows:
Acute Cystitis Date of onset Jan 20-36
Advanced Arteriosclerosis
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis Plum Was there an autopsy? _____
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) Dr. G. W. Gainer, M. D.
(Address) Richmond, Mo.

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.

