

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County Bay Registration District No. 744
Township Richmond Primary Registration District No. 3035
City Richmond (No.) St. Ward) 99

46479

2. FULL NAME Lulu 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13th. 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 9 14

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

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. 23

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

13. NAME M. W. Crispin

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

15. MAIDEN NAME Elisa White

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

17. INFORMANT (ADDRESS) f

18. BURIAL CREMATION, OR REMOVAL
PLACE Sunny Slope DATE Oct. 29 1937

19. UNDERTAKER (ADDRESS) Brothers - Gainer
Richmond

20. FILED 1/10 1938 Mary J. McDonald
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-5 27 to 10-27 37
I last saw her alive on 10-27 37. Death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 1 day

Other contributory causes of importance: Diagnosis of liver ?

Name of operation autopsy Date of 4-30-37
What test confirmed diagnosis? Exposure 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?
If so, specify Shoemaker
(Signed) Shoemaker, 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.



