

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

Do not use this space.

13636

1. PLACE OF DEATH

89 County RAY Registration District No. 744
 6 Township RICHMOND Primary Registration District No. 3035
 4 City RICHMOND (No. _____) St. _____ Ward _____

File No. _____

Registered No. 33

2. FULL NAME MARY V. HATES

(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 <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>CHAS. F. HATES SR.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAY 18 1850</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>11</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. _____		11. Total time (years) spent in this occupation _____
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) _____		
12. BIRTHPLACE (CITY OR TOWN) <u>RAY CO. MISSOURI</u> (STATE OR COUNTRY)		
13. NAME <u>JAMES T. LAMAR</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>MISSOURI</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>SARAH HASTER</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>MISSOURI</u> (STATE OR COUNTRY)		
17. INFORMANT <u>MR. E. D. WILBATES</u> (ADDRESS) <u>RICHMOND, MO.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's Catholic</u> DATE <u>4/29/32</u>		
19. UNDERTAKER <u>E. M. Jones</u> (ADDRESS) <u>Richmond, Mo.</u>		
20. FILED <u>5-4</u> 19 <u>32</u> <u>E. E. Day</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/27/32, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1932 to Apr 28, 1932.
 I last saw him alive on Apr 27, 1932. Death is said to have occurred on the date stated above, at 11:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Heart trouble
 Date of onset _____

Other contributory causes of importance:
95 B 957 B
1

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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. D. Green, 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.

MAY 28 1932

