

WRITE PLAINLY WITH UNFADING INK—THIS IS A STATE FORM

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.

DEC 16 1937

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

Do not use this space.

40985

1. PLACE OF DEATH

County Clay
Township Fishersville
City Excelsior Springs

Registration District No. 198
Primary Registration District No. 3011

File No. 161
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Richard Wade Bates

(a) Residence, No. Highland Park St. _____ Ward _____
(Usual place of abode) near Excelsior Springs
Length of residence in city or town where death occurred 1 yrs. all of life 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 Male
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 Euphrata
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 - 1847
7. AGE YEARS 90 MONTHS 9 DAYS 9 If LESS than 1 day, _____ hrs. _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
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) Ray Co (STATE OR COUNTRY) Mo

13. NAME William Bates

14. BIRTHPLACE (CITY OR TOWN) Lynchburg (STATE OR COUNTRY) Oa

15. MAIDEN NAME Loralda Nowlin

16. BIRTHPLACE (CITY OR TOWN) Paris (STATE OR COUNTRY) Tenn

17. INFORMANT W. G. Bates (ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Excelsior Springs, Mo. DATE Nov 26 1937

19. UNDERTAKER Clayton Prichard (ADDRESS) Excelsior Springs, Mo.

20. FILED Nov 29 1937 Brooks W. Cricken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1937 to Nov. 23 1937
I last saw him alive on Nov 21 1937 Death is said to have occurred on the date stated above, at 11:50 p.m.
The principal cause of death and related causes of importance were as follows:

Influenza and Hypostatic Pneumonia -
Other contributory causes of importance: old age

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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) John J. Grace M. D.
(Address) Excelsior Springs

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