

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.

AUG 15 1934

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

Do not use this space.

1. PLACE OF DEATH

Co. Ray
Township Richmond
City Richmond (No.)

Registration District No. 744Primary Registration District No. 3035

File No. 26096
Registered No. 92
St. Ward

2. FULL NAME

(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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 14 - 1882</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>6</u>	DAYS <u>6</u>
		if LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u> </u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) <u> </u>	
		11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray County Missouri</u>		
MOTHER FATHER	13. NAME <u>Wiley B. Cates</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
	15. MAIDEN NAME <u>Cynthia Hatfield</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT (ADDRESS) <u>Wiley B. Cates Richmond Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cemetery</u> DATE <u>July 21, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>W. W. Mansur Richmond Mo.</u>		
20. FILED <u>8-8</u> 19 <u>34</u> <u>E. E. Ray</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934 to July 20, 1934
I last saw h. alive on July 20, 1934 Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset
930
94
1120
930
Other contributory causes of importance:
sepsis
arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? PE 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) W. W. Mansur, M. D.
(Address) Richmond Mo

