

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

Do not use this space.

37122-a

1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond (No. St. Ward)

Registration District No. 744
Primary Registration District No. 3035

File No.
Registered No. 5

2. FULL NAME George W Cates

(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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ellen Cates

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 6 - 1856

7. AGE YEARS MONTHS DAYS . If LESS than 1 day, hrs. or min.
74 10 16

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ray Co., Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER John Calvin Cates

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo

12. MAIDEN NAME OF MOTHER Nancy Bales

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

14. INFORMANT Forrestine Cates
(Address) Richmond Mo.

15. FILED 1-10-31 1931 E. B. Day REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5 a.m. - 11-22-1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1930, to Dec 22, 1930 that I last saw him alive on Dec 22, 1930 and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
CONTRIBUTORY (SECONDARY) 7401
(duration) yrs. mos. ds.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. Home

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Heart
(Signed) E. D. Shouse, M. D.

Ray, 1931 (Address) Richmond Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Todds Chapel DATE OF BURIAL 11-23-1930

20. UNDERTAKER Alwansur ADDRESS Richmond Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

