

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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township Knoxville
City Rayville-R.F.D (No.)

Registration District No. 915
Primary Registration District No. 6236

File No. 6933
Registered No. 1
St. Ward

2. FULL NAME John L. 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF do not know		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 25 1854		
7. AGE 79	YEARS 0	MONTHS 12
DAYS 12		IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. farmer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER John Cates
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER Margrete Lovell
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)

14. INFORMANT Thomas Cates
(Address) Rayville Mo

15. FILED Feb 10, 1933 Mrs. G. W. Gaines
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 9 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to Feb 9, 1933, that I last saw him alive on Feb 9, 1933, and that death occurred, on the date stated above, at 10:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Insufficiency
928 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) 7310
(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) D. G. W. Gaines M. D.

Feb 10, 1933 (Address) Rayville, 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 Union Cem. Lawson Mo DATE OF BURIAL 2/11/33 19

20. UNDERTAKER E. M. Jones ADDRESS Johnson

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.

MISSOURI STATE BOARD OF HEALTH—BUREAU OF VITAL STATISTICS—THIS IS A PERMANENT RECORD

