

FILED FEB 16 1940

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

3503

Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 744
 (b) Township C Primary Registration District No. 3035 Registered No. 269
 (c) City Richmond (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Noah Cates 320
 (a) Residence, No. 2521 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ***** | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-27-1857</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>82</u> | <u>3</u> |
| | | DAYS |
| | | <u>24</u> |
| | | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Carpenter</u> | |
| | 9. Industry or business in which work was done, as 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) <u>Knoxville</u> (STATE OR COUNTRY) <u>Tenn,</u> | | |
| FATHER | 13. NAME <u>R. B. Cates</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) <u>Knoxville</u> (STATE OR COUNTRY) <u>Tenn,</u> | |
| MOTHER | 15. MAIDEN NAME <u>Mary Mc.Knight</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) <u>Knoxville</u> (STATE OR COUNTRY) <u>Tenn.</u> | |
| 17. INFORMANT <u>Lucy Cates</u> (ADDRESS) <u>Richmond Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Todd Chapel</u> DATE <u>Jan. 21, 1940</u> | | |
| 19. FUNERAL DIRECTOR (NAME) <u>E. Thurman</u> (ADDRESS) <u>Richmond Mo.</u> | | |
| 20. FILED <u>Jan 31</u> 19 <u>40</u> <u>Malcol Jackson</u> <u>Local Registrar</u> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1940, 19 40

22. I HEREBY CERTIFY, That I attended deceased from 1-5 40, to 1-20 40, 19 40
 I last saw him alive on 1-19 40, 19 40 Death is said to have occurred on the date stated above, at 6 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Hepatitis ?
121
 Other contributory causes of importance:
Myocardial Infarction ?
(Chronic)

Name of operation _____ Date of _____
 What test confirmed diagnosis Phy Ex 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? _____
 If so, specify _____
 (Signed) John Stover, M. D.
 (Address) Richmond Mo.

RECEIVED
District Health Officer No. 8,
District File Number *215740*
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
.....
Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.