

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.

1939 FEB 21 1939

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

Do not use this space.

1. PLACE OF DEATH  
 24 County Clay Registration District No. 198  
 2 Township St. Louis Primary Registration District No. 3011  
 1 City Clay Springs St. \_\_\_\_\_ Ward \_\_\_\_\_  
 3-0  
 2. FULL NAME Paul Calvin Cates  
 (a) Residence, No. Moby 1100 St. \_\_\_\_\_ Ward Moby  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 3 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 Wanda Cates

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 - 1906

7. AGE YEARS 32 MONTHS 7 DAYS 2 1/2 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cafe Owner  
 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) Jan 20, 1939 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo

FATHER  
 13. NAME B. F. Cates  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo

MOTHER  
 15. MAIDEN NAME Helen McCall  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waldorf Mo

17. INFORMANT Wanda Cates  
 (ADDRESS)  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond DATE Jan 21, 1939

19. UNDERTAKER Harbert Wolfe  
 (ADDRESS) Clayton Spring mo

20. FILED Jan 23, 1939 Krebs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 20<sup>th</sup> 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
by Striking End of Busstop Date of onset  
Chrysler Touring Car  
Striking Backs Fracturing  
Spine - causing Death in  
about 30 minutes - Collided with  
Tree.

Other contributory causes of importance: 710 M

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Living body Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury Jan 20, 1939  
 Where did injury occur? About 2 miles S.W. of Clay Springs  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
on high way U.S. 10-2 miles S.W. of Clay  
 Manner of injury Spine Fracture  
 Nature of injury Spine Fracture

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) M. N. Muzong M.D. Crowe M. D.  
 (Address) Clay County Mo.

RECEIVED  
District Health Officer No. 8,  
District File Number 2/7/39  
Date Filed \_\_\_\_\_