

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

Do not use this space.

Success
JAN 23 1937

45913

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. 131

2. FULL NAME WALTER HOUSTON 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

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JEANNETTE CATES

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1936, to Dec 15, 1936

I last saw him alive on Dec 15, 1936 Death is said to have occurred on the date stated above, at 7:20 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 12 1866

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 2 3

Coronary Occlusion Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance _____

12. BIRTHPLACE (CITY OR TOWN) RAY CO. (STATE OR COUNTRY) MO.

Name of operation _____ Date of _____

13. NAME JOHN E CATES.

What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) MO. (STATE OR COUNTRY) _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME RUTH BALES.

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) MO (STATE OR COUNTRY) _____

Manner of injury _____ Nature of injury _____

17. INFORMANT JOHN CATES (ADDRESS) RICHMOND MO.

24. Was disease or injury in any way related to occupation of deceased? No

18. BURIAL, CREMATION, OR REMOVAL PLACE RICHMOND MO. DATE 12/16/36 19____

If so, specify _____ (Signed) E. D. Green, M. D.

19. UNDERTAKER C. M. JOINER. (ADDRESS) RICHMOND.

(Address) Richmond Mo

20. FILED 1/9 1937 G. E. Gray Registrar.

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.

