

MAY 13 1938

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

Do not use this space.

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1. PLACE OF DEATH

County Ray
 Townshp Crooked River
 City Harlan (No. _____)

Registration District No. 740
 Primary Registration District No. 5975

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Elva Marison Bates320(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Trench Bates6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 - 18587. AGE YEARS 79 MONTHS 9 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Estellville, Mo. Va.13. NAME William Marison14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Petty Zimmerman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT Floy Bates (ADDRESS) Harlan mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Harlock Embury DATE May 5 - 193819. UNDERTAKER J. K. Bess (ADDRESS) Harlan Mo.20. FILED May 4th 1938 W. L. Willesford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-3 193822. I HEREBY CERTIFY, That I attended deceased from _____, 1937, to 5-2, 1938I last saw her alive on 5-2, 1938. Death is said to have occurred on the date stated above, at 12:15 a.m.

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

Chronic Myocarditis Date of onset _____930Other contributory causes of importance: Arterio Sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Blue 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? no

If so, specify _____

(Signed) E. L. Fry, M. D.(Address) T. Richmond

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.

