

OCT 30 1930

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

Do not use this space.

30525

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1. PLACE OF DEATH

County..... Marion
Township..... Warren
City..... (No..... St..... Ward.....)

Registration District No. 5-52
Primary Registration District No. 3746

File No.....
Registered No.....

2. FULL NAME..... Anna Mae Bates

(a) Residence No..... St..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX..... Female
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..... David Louis Bates

6. DATE OF BIRTH (MONTH, DAY AND YEAR)..... Feb. 4, 1901

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
29 7 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... House Wife
(c) Name of employer.....

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

10. NAME OF FATHER..... John W. Wells

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY)..... Unknown

12. MAIDEN NAME OF MOTHER..... Mary Hill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY)..... Illinois

14. INFORMANT..... D.L. Bates
(Address)..... Palmyra, Mo.

15. FILED..... Sept 25 1930 Mrs. Alta v. Wagner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR)..... Sept 6th 1930

16. I HEREBY CERTIFY, That I attended deceased from..... Aug 28, 1930 to..... Sept 6th, 1930 that I last saw her..... alive on..... Sept 4th, 1930, and that death occurred, on the date stated above, at..... 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute myocarditis
97A
13A
(duration)..... yrs. mos. 7 da.

CONTRIBUTORY..... mitral stenosis
(SECONDARY) (duration)..... yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH..... DATE OF..... WAS THERE AN AUTOPSY..... yes

WHAT TEST CONFIRMED DIAGNOSIS?..... Clinical and Autopsy
(Signed)..... C. W. Aulen, M. D.
Sept 7th, 1930 (Address)..... Palmyra 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..... DATE OF BURIAL.....
Springfield, Illinois 9/9/ 1930

20. UNDERTAKER..... ADDRESS.....
Lewis Miss Palmyra, Mo.

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.

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