

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

Do not use this space.

40676

1. PLACE OF DEATH

County Lickingston
Township Highland
City Waverly (No. _____) St. _____ Ward _____

Registration District No. 512
Primary Registration District No. 5682

File No. _____
Registered No. 208

2. FULL NAME

Sarah Elizabeth Bates

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 30, 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Bates

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to Dec 30, 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7, 1852

I last saw h. alive on Dec 12, 1933. Death is said to have occurred on the date stated above, at 4:15 P.M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 81 11 23

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

Pulmonary Tuberculosis about 1890. Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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 7/20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn County

Name of operation _____ Date of _____

13. NAME Mike Peardler

What test confirmed diagnosis clinical Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Unknown

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

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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

17. INFORMANT Mrs Sarah Canterbury (ADDRESS) Waverly Mo.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake side DATE Jan 1st, 1933

Nature of injury _____

19. UNDERTAKER A. M. Marshall (ADDRESS) Waverly Mo.

24. Was disease or injury in any way related to occupation of deceased? Y. R.

20. FILED Dec 30 1933 Amos R. Carpenter Registrar.

If so, specify _____ (Signed) Amos R. Carpenter, M. D. (Address) Waverly Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AN 26 1934

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