

JUN 16 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....Buchanan..... Registration District No.....86
Township.....Washington..... Primary Registration District No.....5127
City.....St. Joseph..... (No.) Railroad Ave. St. Ward)

File No. 18677
Registered No. 36

2. FULL NAME

Eliza J. Gates

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

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rufus A. Gates</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 8, 1857</u>		
7. AGE	YEARS	MONTHS
	<u>79</u>	<u>1</u>
		DAYS
		<u>28</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... <u>At Home.</u>
	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) Van Buren Co., Iowa
(STATE OR COUNTRY)

13. NAME Joseph Shaw

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) New Jersey

15. MAIDEN NAME Mary Hendrix

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

17. INFORMANT Homer Gates
(ADDRESS) Railroad Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Redding, Iowa. DATE May 8, 1936

19. UNDERTAKER Walter Meierhoff
(ADDRESS) 1302 Aaron St., St. Joseph, Mo.

20. FILED May 7 1936 R. H. Tadlock M.D.
W.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1936, to May 4, 1936
I last saw her alive on May 4, 1936 Death is said to have occurred on the date stated above, at 4.30 m. P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy
Terminal arteriosclerosis
Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?.....
If so, specify.....
(Signed) G. E. Baughman M. D.
(Address) Kirkpatrick Bldg., St. Joseph, 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.

