

STATE OF NEW MEXICO, DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County of Otero Registered No. 45
 School District of 16 or Village of Orogrande
 or City of _____ No. _____ St. _____ Ward _____
(If death occurred in hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Bell 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 23 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M.</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed, or Divorced (write the word.) <u>Married</u>
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6a If married, widowed, or divorced
 HUSBAND OF Sarah Bates
 (or) WIFE OF _____

6 DATE OF BIRTH month May day 10 year 1947

7 AGE <u>75</u>	Years	Months <u>5</u>	Days <u>28</u>	If LESS than 1 day _____ hrs. or _____ min.
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8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Mining Man
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer Himself

9 BIRTHPLACE (city or town)
(State or county) Smith Co. Tenn

PARENTS

10 NAME OF FATHER William Bates

11 BIRTHPLACE OF FATHER
(City or town) Cobb Co. Tenn
(State or county)

12 MAIDEN NAME OF MOTHER Sybil Martin

13 BIRTHPLACE OF MOTHER
(State or county) South Carolina
(City or town)

14 Informant Sarah Bates
(Address) Orogrande - N.M.

15 Filed June 11, 1924 Mrs. A. C. Volckes
REGISTRAR
Sub 4

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 8 - 1922
MONTH DAY YEAR

17 I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

that I last saw him _____ alive on _____, 19____

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

before (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTOE before (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
 if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. G. Holmes M. D.

Date June 9, 1922 (Address) Alamogordo, N.M.

*State the Primary Disease causing death. See reverse for instructions as to statement of cause of death.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Alamogordo, N.M.

DATE OF BURIAL June 9, 1922

20 UNDERTAKER Lewis Hammond

ADDRESS Alamogordo

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. See instructions on back of certificate.

This certificate is valid only if filed in the office of the Registrar of the State of New Mexico, Department of Health, within the time specified in the instructions on the back of this certificate.