

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

Do not use this space

15032

1. PLACE OF DEATH

County Jackson
Township Ray
City K.C. Mo. (No. St. Joseph)

Registration District No. 399
Primary Registration District No. 1002

File No. 2019
Registered No. 2019
St. Mo. Ward

2. FULL NAME

(a) Residence. No. 118. So. 8th
(Usual place of abode) (if nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 0 ds. How long in U.S., if of foreign birth? yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Wid.
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Robert Guy
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12 1865
7. AGE YEARS 60 MONTHS 0 DAYS 27 If LESS than 1 day, ____ hrs. or ____ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Edwin J. Bateock
11. BIRTHPLACE OF FATHER (CITY OR TOWN) England
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER No Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No Record
(STATE OR COUNTRY)

14. INFORMANT Geo. Stewart Guyman
(Address) Wilmington, Delaware

15. FILED 5/11 1925
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1925
17. I HEREBY CERTIFY That I attended deceased from 13 April 1925 to May 9 1925
that I last saw h. e. alive on 6-29-1925 and that death occurred, on the date stated above, at 6:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carbuncle neck
159
CONTRIBUTORY (SECONDARY) Diabetes mellitus
(duration) 12 yrs. 0 mos. 0 ds.

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

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

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) Hughes Hamilton M. D.
5-11-1925 (Address) 825 Bathrop Bldg

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Edenwood DATE OF BURIAL 5-11 1925

20. UNDERTAKER Mrs. C. L. Forster ADDRESS K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

