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

Do not use this space.

6676

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1906

City St. Louis (No. 4116 Westminster St. ..... Ward)

2. FULL NAME Sally V. Batwell

(a) Residence. No. #4116 Westminster St. Ward. 19 (If nonresident give city or town and State)
(Usual place of abode)

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

3. SEX: Female
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Divorced.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. D. Batwell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14th, 1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72.	8.	10.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home 97
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lexington, Va.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER James Crocken.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Maryland.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Julia Ann Marks.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Florida.
(STATE OR COUNTRY)

14. INFORMANT Mrs Curtain.
(Address) #4116 Westminster

15. FILED FEB 25 1927, 19 Max C Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb - 24 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1927, to Feb - 24, 1927, that I last saw her alive on Feb - 24, 1927, and that death occurred, on the date stated above, at 4.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
7401
(duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Haemorrhage
Apoplexy (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) [signature], M. D
, 19 (Address) 438a N. Sarah St. St. Louis 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: Oak Grove, Cem. DATE OF BURIAL: 2-26, 1927.

20. UNDERTAKER: C. R. Lupton. ADDRESS: Olive St. #4449

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

438a N. Sarah.
Lindell 7652.