

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

Do not use this space.

65

1. PLACE OF DEATH

County Andrew Registration District No. 26 File No. _____
Township Salt River Primary Registration District No. 3002 Registered No. 12
City Merico (No. _____) St. _____ Ward _____

2. FULL NAME

Rayton Elkin Batta

(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

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 23 - 1913

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>15</u>	<u>8</u>	<u>22</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Andrew Co., Mo.

10. NAME OF FATHER Asby Batta

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Andrew Co., Mo.

12. MAIDEN NAME OF MOTHER Anna B. Batta

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Monroe Co., Mo.

14. INFORMANT Asby Batta

(Address) Merico Mo. R.F.D.

15. FILED Jan 15th 1928 J. S. Milligero REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 2 1928, to Jan 14 1928 that I last saw him alive on Jan 14 1928, and that death occurred, on the date stated above, at 8-A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
11/1/1918
1/1/1928
(duration) _____ yrs. mos. 14 ds.
CONTRIBUTORY (SECONDARY) Pneumonia of lung
Influenza type
(duration) _____ yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chemical

(Signed) H. R. Rhodes, M. D.

, 19 (Address) Merico 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

Battel Church

DATE OF BURIAL

Jan, 15 1928

20. UNDERTAKER

McPherson Bros

ADDRESS

Merico 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.

8 1928

