26

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

Do not use this space.

File No. 27831
Registered No. 81

1. PLACE OF DEATH
County: Livingston
Township:
City: Chillicothe (No. ..... St. ..... Ward)
Registration District No. 508
Primary Registration District No. 3226

2. FULL NAME: Robert Batter
(a) Residence. No. Chillicothe Hospital 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1. 1881.

7. AGE: Years 47 | Months 3 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer.
(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) Platte County. Mo

PARENTS
10. NAME OF FATHER Geo. Batter.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Liberty
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Kate Gilbert
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Smithville
(STATE OR COUNTRY) Missouri.

14. INFORMANT: Kate Batter
(Address) Weatherby Missouri

15. FILED 8-4, 1928 Reuben Bonney
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 3rd. 1928

17.
I HEREBY CERTIFY That I attended deceased from 7-28, 1928, to 8-3-, 1928 that I last saw h. alive on 8-3-, 1928, and that death occurred, on the date stated above, at 4:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid Fever
(duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY) Lobar Pneumonia
(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Chillicothe Hospital
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) Reuben Bonney M. D
8-3, 1928 (Address) Chillicothe 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: Winston Missouri
DATE OF BURIAL: Aug. 5 1928

20. UNDERTAKER: R. M. Marshall
ADDRESS: Chillicothe 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.