

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

Do not use this space.

37910

1. PLACE OF DEATH

County Randolph

Registration District No. 785

File No. 37910

Township Mokey m

Primary Registration District No. 3034

Registered No. 209

City Mokey m (No. 1)

St. Mokey m Ward 1

2. FULL NAME

(a) Residence. No. 1 St. Mokey m Ward 1

(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

Colored

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) April 8, 1910

7. AGE

YEARS 18

MONTHS 7

DAYS 14

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work  
(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) Missouri

10. NAME OF FATHER

Willie Batzel

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER

Willie Arnold

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

14. INFORMANT

Mrs Willie Benton  
(Address)

15. FILED

Nov 24, 1928 Dr. Chas. S. Fleming  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 22, 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1928, to Nov. 22, 1928, that I last saw him alive on Nov. 22, 1928, and that death occurred, on the date stated above, at 2:30 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Tubercular Peritonitis

23A  
25

CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis  
(duration) yrs. mos. ds. 3

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: No DATE OF No

DID AN OPERATION PRECEDE DEATH? No

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) H. H. Ferguson, M. D.

Nov. 22, 1928 (Address) Mokey m

\*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

Oakland Cemetery DATE OF BURIAL Nov 24, 1928

20. UNDERTAKER

Robert L Carr ADDRESS Mokey m

