FEB 21 1929

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

Do not use this space.
H. Smalb

1177

1. PLACE OF DEATH
County: Greene — Registration District No.: 318 — File No.:
Township: — Primary Registration District No.: 5439 — Registered No.: 37
City: Springfield (No. R. #4 Box 199 B St. Ward)

2. FULL NAME: Margie M. Batten
(a) Residence. No. R. #4 Box St. 199 B 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: Female
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: John W. Batten

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sep 1-1888

7. AGE: Years 40 | Months 4 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(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): Mo.

PARENTS
10. NAME OF FATHER: J. D. Hensley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Louisa Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: John W. Batten
(Address): Springfield Mo.

15. FILED 1-10 29 19 C. C. Horst M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-8 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-3 19 29 to 1-8 19 29 that I last saw him alive on 1-8 19 29 and that death occurred, on the date stated above, at ....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes
59
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) 57
(duration) ....yrs. ....mos. ....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? Blood
(Signed) Henry T. Leath, M. D.
1-9 1929 (Address) 4801 E. Cand

*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: Mt Gilead Cemetery — DATE OF BURIAL: Jan 12 1929
20. UNDERTAKER: J. W. Klingner & Co — ADDRESS: Cand Springfield 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.