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

Do not use this space.

8768

1. PLACE OF DEATH
County St Louis — Registration District No. — File No.
Township — Primary Registration District No. — Registered No. 2442
City St Louis (No. 2931 Easton St. Ward)

2. FULL NAME Julia Ann Bateman
(a) Residence. (Usual place of abode) No. 2931 Easton St., 21 Ward. (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.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15 - 1869

7. AGE: 59 YEARS — MONTHS: 7 — DAYS: 1 — If LESS than 1 day, ... hrs. or ..... min.

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

2 25

9. BIRTHPLACE (CITY OR TOWN) Lewisville O. (STATE OR COUNTRY) Ark

2

PARENTS

10. NAME OF FATHER Tom Batt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ark
12. MAIDEN NAME OF MOTHER Jemima Jefferies
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) S. C.

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14. INFORMANT Bertha Smith
(Address) 2931 - Easton Ave

15. FILED FEB 23 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 16 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 28, 1929, to Feb 16, 1929 that I last saw her alive on Feb 16, 1929, and that death occurred, on the date stated above, at 10 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lotor Pneumonia
108
(duration) yrs. mos. 19 ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) B. Brown, M. D
, 19 (Address) 2601 Lowton Ave

101a

*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: Lewisville Ark — DATE OF BURIAL: 2-23 1928

20. UNDERTAKER: Richardson & Tyler — ADDRESS: 3317 Morgan