

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

Do not use this space.

27342

**1. PLACE OF DEATH**

County Dade  
Township Center  
City Greenfield

Registration District No. 237  
Primary Registration District No. 4144

File No. ....  
Registered No. ....  
St. .... Word)

**2. FULL NAME**

(a) Residence. No. James Thomas Bathorn 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. da. 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Sarah L. Bathorn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
79 2 16

**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) Kansas

**10. NAME OF FATHER**

unknown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) unknown

**12. MAIDEN NAME OF MOTHER**

unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) unknown

**14.**

INFORMANT Clara A Sherman  
(Address) Springfield Mo

**15.**

FILED 8-10, 1929 E. C. Ball  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 6 1929

17. I HEREBY CERTIFY, That I attended deceased from .....  
....., 19....., to ..... 19.....  
that I last saw h..... alive on ..... 19....., and that  
death occurred, on the date stated above, at 8:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Arteriosclerosis

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) O. J. Chambers, M. D.

, 19 (Address) Greenfield 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**

**DATE OF BURIAL**

Corn Chapel

Aug 9 1929

**20. UNDERTAKER**

Greenfield Mo

J. H. Ward

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.

AUG 28 1929

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