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

Do not use this space.

38512

File No. 10905

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 5506 Maple Av St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME John L. Batterton

(a) Residence. No. 5506 Maple Av St., 5 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~~: Susan Batterton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 11-1854

7. AGE: YEARS 75 MONTHS 9 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Rail-Road M. Service
(b) General nature of industry, business, or establishment in which employed (or employer): Mail Service
(c) Name of employer: Retired

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: George W. Batterton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

12. MAIDEN NAME OF MOTHER: Frances Crews

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Susan Batterton
(Address) 5506 Maple Av

15. FILED NOV -8 1929 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 7 1929

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929 to Nov 7, 1929 that I last saw him alive on Nov 7, 1929 and that death occurred, on the date stated above, at 6.50 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bl. B

Carcinoma of Stomach (duration) yrs. 4 mos. 7 ds.

CONTRIBUTORY (SECONDARY): Carcinoma of Stomach (duration) yrs. 4 mos. 7 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? Clinical & Laboratory

(Signed) P. M. Gibson M. D.

Nov 8, 1929 (Address) 4337 Washington Bl.

*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: Calvary Cemetery

DATE OF BURIAL: Nov. 9th 1929

20. UNDERTAKER: Cullinane Bros

ADDRESS: 1700 N Grand Bl

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

V. S. No. 2.

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Dr D. M. Gibson

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4337 Washington Ave

Delmar 1460