MAR 25 1930

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

Do not use this space.

512-2B

1. PLACE OF DEATH
County Christian — Registration District No. 184 — File No.
Township Finley — Primary Registration District No. 5255 — Registered No. 67
City Ozark (No. ..... St. ..... Ward)

2. FULL NAME M. B. Bateman
(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Mrs Clara Bateman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 3-1889

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
40	1	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Optometrist
(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) Italy, Texas

PARENTS
10. NAME OF FATHER John Bateman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Oxford Miss
12. MAIDEN NAME OF MOTHER Mary Sims
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Oxford Miss

14. INFORMANT Dr B. C. Bateman
(Address) Springfield Mo

15. FILED ..... 1930 Laretta Leonard REGISTRAR
Feb. 7

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 23 1930

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 6 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
A blow on head with blunt instrument
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY? Yes - Jan. 24 & Jan 26 - 1930
WHAT TEST CONFIRMED DIAGNOSIS? fractures of skull
(Signed) M. B. Logan acting Coroner M. D.
Jan 24, 1930 (Address) Ozark 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: Springfield Mo — DATE OF BURIAL: Jan 26 1930

20. UNDERTAKER: T. B. Chaffin — ADDRESS: Ozark Mo

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.