

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

Do not use this space.

1. PLACE OF DEATH

County Polk
 Township Lathrop
 City (No.) (St.) (Ward)

Registration District No. 206
 Primary Registration District No. 5784A

File No. 561
 Registered No. 1

2. FULL NAME Amanda Jane Battle

(a) Residence. No. 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. 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 or (OR) WIFE of H.L. Battle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 28, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 9 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) Homekeeping
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Simpson Dullenger

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

12. MAIDEN NAME OF MOTHER Ann Turner

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

14. INFORMANT Mrs. T.J. Battle
 (Address) Lathrop, Mo.

15. FILED 1-7-1930 J.P. Kinsey
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 1930

17. I HEREBY CERTIFY That I attended deceased from Aug- 1926, to Jan 1930 that I last saw her alive on Jan 2007 1930 and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocardial heart lesion
(Valvular insufficiency)
927
950 (duration) 4 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E.B. Dinkens, M. D.
1-4-1930 (Address) Lathrop 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
Prarie Ridge Cemetery 1/4 1930

20. UNDERTAKER ADDRESS
Lee Moss Co. Lathrop Mo

M. 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.

25-1-30

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