

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.

APR 30 1930

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

Do not use this space.

8565

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence

Registration District No. 978
Primary Registration District No. 3019

File No. _____
Registered No. 92
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 101 South Forest 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Widowed

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

Widowed

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

Sept 7-1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

79

6

19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Printer & Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer)

himself

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Rock Island

(STATE OR COUNTRY)

Illinois

10. NAME OF FATHER

Wm. B. Batcher

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Wm. B. Batcher

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Mildred H. Heston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

New York

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Mrs. Fred Batcher
1008 West Maple

15.

FILED 3-27-30

7 L Cook

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26 1930

17.

I HEREBY CERTIFY, That I attended deceased from

10/23, 1929, to 3/26, 1930.
that I last saw him alive on 3/29, 1930, and that death occurred, on the date stated above, at 1:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

coronary artery disease

51B

CONTRIBUTORY SECONDARY

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH.

9. DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Lab.

(Signed) W. B. Batcher M. D.

3-27-30 (Address)

*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

Gravel Grove

3-28 1930

20. UNDERTAKER

ADDRESS

W. B. Batcher & Son Independence, Mo.

