

APR 30 1930

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

Do not use this space.

9406

1. PLACE OF DEATH

County Lumpkin
Township _____
City Chillicothe (No. _____) St. _____ Ward _____

Registration District No. 508
Primary Registration District No. 3026

File No. 152
Registered No. _____

2. FULL NAME

Joseph Batta
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-27-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 1 8 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Ret. Merchant
(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) Bohemia

10. NAME OF FATHER

John Batta

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Bohemia

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Bohemia

14. INFORMANT Mrs Joseph Batta

(Address) Chillicothe, Mo

15. FILED 3/9, 1930 Paulen Barney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1930, to Mar 7, 1930 that I last saw him alive on Mar 7, 1930 and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Stroke of Brain

210M

87H (duration) yrs. mos. 4 ds.

CONTRIBUTORY Crushing an automobile (SECONDARY) (duration) yrs. mos. 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? Physical Symptoms

(Signed) Paulen Barney M. D.

3/9, 1930 (Address) Chillicothe

*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

Edwood Cemetery DATE OF BURIAL 3-9 1930

20. UNDERTAKER F. B. Norman ADDRESS Chillicothe

UNITED STATES DEPARTMENT OF JUSTICE

MEMORANDUM FOR THE ATTORNEY GENERAL

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

FOR: [Illegible]

FROM: [Illegible]

TO: [Illegible]

SUBJECT: [Illegible]

REFERENCE: [Illegible]

REASON: [Illegible]

CONCLUSION: [Illegible]

RECOMMENDATION: [Illegible]

ADMINISTRATIVE: [Illegible]

LEGAL: [Illegible]

FINANCIAL: [Illegible]

PERSONNEL: [Illegible]

PROPERTY: [Illegible]

GENERAL: [Illegible]

OTHER: [Illegible]

UNCLASSIFIED: [Illegible]

CONFIDENTIAL: [Illegible]

SECRET: [Illegible]

TOP SECRET: [Illegible]

RESTRICTED: [Illegible]

CONFIDENTIAL: [Illegible]

SECRET: [Illegible]

TOP SECRET: [Illegible]

RESTRICTED: [Illegible]

CONFIDENTIAL: [Illegible]

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Livingston Registration District No. 508 File No.
 Township Chillicothe Primary Registration District No. 3026 Registered No.
 City Chillicothe St. Ward)

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

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

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

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address) R. Barney

15. FILED 5-8-30 R. Barney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/7 1930

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

THE CAUSE OF DEATH WAS AS FOLLOWS:
Septic haemage of Brain
 CONTRIBUTORY (SECONDARY) Crashing an automobile at his home Chillicothe Livingston County Mo.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH DATE OF.....
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed)..... M. D.
 , 19 (Address) 1930

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 19

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETELY FILLED

5-9406