

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

Do not use this space.

22065

1. PLACE OF DEATH

County Butler
Township Poplar Bluff
City Poplar Bluff (No.)

Registration District No. 88
Primary Registration District No. 8007

File No.
Registered No. 123 St. Ward)

2. FULL NAME Susan Batten

(a) Residence. No. Brosley, Missouri 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 26, 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	76	9	12	

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cuba Landing
(STATE OR COUNTRY) Tennessee

PARENTS	10. NAME OF FATHER <u>Chance</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY)

14. INFORMANT William Bethel Batten
(Address) Route #1, Fisk, Missouri

15. FILED 7/9 1930 Dr. J. J. Clay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8 1930

17. I HEREBY CERTIFY, that I attended deceased from July 4 to July 8, 1930, that I last saw her alive on July 8, 1930, and that death occurred, on the date stated above, at 1:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
93D
132A (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRAICTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. F. Drane M. D.
7/9 19 30 Address Poplar Bluff
*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 <u>Mole Hill Cemetery</u>	DATE OF BURIAL <u>July 9 1930</u>
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20. UNDERTAKER <u>A. J. Greer</u>	ADDRESS <u>Poplar Bluff, Missouri</u>
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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.

WHILE FADING INK—THIS IS A PERMANENT RECORD

AUG 20 1930

