DEC 20 1930

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

Do not use this space.

35369

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No.

Township Primary Registration District No. 1001 Registered No. 1191

City St. Joseph (No. Noyes Baptist Hospital St. Ward)

2. FULL NAME Viola Batton

(a) Residence. No. 1204 Fredrick Avenue 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 18, 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	34	0	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House-wife

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

(c) Name of employer Own home

9. BIRTHPLACE (CITY OR TOWN) St Joseph
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Charles Crawford

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

12. MAIDEN NAME OF MOTHER Ida Livingston

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

14. INFORMANT George Bettis
(Address) 917 No. 17 St.-St Joseph Mo.

15. FILED NOV 5 1930, 19 John G. Wh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1930, to Nov. 2, 1930, that I last saw her alive on Nov. 1st, 1930, and that death occurred, on the date stated above, at 3/30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Adhesive Myocarditis

930

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Unknown

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Geo. M. Boteler M. D.

Nov. 4, 1930 (Address) St Joseph 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
Ashland Cemetery	Nov. 4 1930
20. UNDERTAKER W. O. Sidenfaden	ADDRESS 1802 Union St.

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.