

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

28539

1. PLACE OF DEATH

County Jackson
 Township Town
 City J.C. Mo

Registration District No. 309Primary Registration District No. 1002File No. 60-10Registered No. 60-10

St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 417 Wymour 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 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 OR Crescentia Batterer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1863

7. AGE YEARS 68 MONTHS 2 DAYS 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Kiln Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dickey Clay Co

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leichenstein13. NAME Martin Batterer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leichenstein15. MAIDEN NAME Catherine Noth16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leichenstein17. INFORMANT (ADDRESS) Paul Batterer

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Marys DATE 9-3-31

19. UNDERTAKER (ADDRESS) Leichenstein20. FILED 9/2 1931 M. M. Crowe

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____

I last saw him _____ alive on _____, 19____ Death is said to have occurred on the date stated above, or _____ m.

The principal cause of death and related causes of importance were as follows: Coronary Sclerosis

Date of onset _____

Other contributory causes of importance: 74B

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Asbury M. Skell, M. D.(Address) Deputy Registrar

