

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

Do not use this space.

26031

1. PLACE OF DEATH

42 County Henry Registration District No. 355 File No. _____
Township Paris Primary Registration District No. 5497 Registered No. 6
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Anna Batchellett
(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Batchellett
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 30, 1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 | 3 | 3
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)

(STATE OR COUNTRY) Switzerland²⁶
10. NAME OF FATHER Henry Pfister
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Switzerland
12. MAIDEN NAME OF MOTHER Mary Platner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Switzerland

14. INFORMANT Ben Batchellett
(Address) Montrose mo

15. FILED 8-15-32 WE Baggerly
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 3 1932

17. I HEREBY CERTIFY, That I attended deceased from 4-13-29 to June 24, 1930
that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic bronchitis
10/10/06 B
1-2/06 B
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) asthma
(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.

(Signed) WE Baggerly, M. D.
8-3, 1932 (Address) Montrose 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 Stones Chapel DATE OF BURIAL 8-5 1932

20. UNDERTAKER F. Sennarty ADDRESS Montrose

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

SEP 23 1932

