

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.

NOV 23 1932

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

Do not use this space.

32155

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence

Registration District No. 298
Primary Registration District No. 5534

File No. _____
Registered No. 202
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 10309 Gill St 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 Sarah Bateman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 29-1864

7. AGE YEARS 68 MONTHS 6 DAYS 2 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 969

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 95

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ohio

13. NAME James Bateman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Canada

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Sarah Bateman (ADDRESS) 10309 Gill St

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Oct 7-1932

19. UNDERTAKER Galien Funeral Home (ADDRESS) Independence, Mo

20. FILED Oct 7 1932 HL Cook

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1932, to Oct 3, 1932. I last saw him alive on Oct 3, 1932. Death is said to have occurred on the date stated above, at 5 P. m.

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

Chronic Emphysema
Aneurysm of Aorta
Coronary Arteriosclerosis
Hypertension

Other contributory causes of importance: 73C

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 ①

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

If so, specify _____

(Signed) Fred W. Smith, M. D.
(Address) Sugar Creek, Mo

