

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

Do not use this space.

15563

**1. PLACE OF DEATH**

1 County Worth Registration District No. 903  
 2 Township \_\_\_\_\_ Primary Registration District No. HSAS  
 2 City Grant city (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** John Allen Bateman  
 (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 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>married</u>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>Rena Bateman</u>		
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>Apr 29 - 1850</u>		
<b>7. AGE</b>	<b>YEARS</b> <u>82</u>	<b>MONTHS</b> <u>11</u>
	<b>DAYS</b> <u>13</u>	<b>IF LESS than 1 day, ..... hrs. or ..... min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>retired farmer</u>	
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b> <u>same</u>	
	<b>10. Date deceased last worked at this occupation (month and year)</b> <u>1922</u>	<b>11. Total time (years) spent in this occupation</b> <u>50</u>
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Illinois</u>		
<b>FATHER</b>	<b>13. NAME</b> <u>Samuel Bateman</u>	
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Kentucky</u>	
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <u>Rena</u>	
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Indiana</u>	
<b>17. INFORMANT (ADDRESS)</b> <u>Mrs. J. A. Bateman</u>		
<b>18. BURIAL, CREMATION, OR REMOVAL</b>		
PLACE <u>Grant City</u> DATE <u>Apr 14, 1933</u>		
<b>19. UNDERTAKER (ADDRESS)</b> <u>Tested Pettigrew</u>		
<b>20. FILED</b> <u>Apr 13, 1933</u> <u>J. Amulucius</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Apr 12, 1933

**22. I HEREBY CERTIFY, That I attended deceased from** March 29, 1933, to April 12, 1933  
 I last saw him alive on April 11, 1933. Death is said to have occurred on the date stated above, at 6:00 m.  
 The principal cause of death and related causes of importance were as follows:

<u>Peritonitis acute and Carcinoma of Prostrate gland</u>	Date of onset
<u>Sclerosis</u>	

Other contributory causes of importance: 510

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? no

**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) F. K. Phipps, M. D.  
 (Address) Grant City, Mo.

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 24 1933

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