

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.

AUG 20 1933

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH  
 48 County Jackson Registration District No. 398 File No. 23036  
 Township Bluff Primary Registration District No. 5334 Registered No. 218  
 City Kansas City (No. 9531) Van Horn Rd St.        Ward         
 2. FULL NAME Mrs. Vasei Batson  
 (a) Residence, No. 9531 Van Horn Rd 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 Se 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Luther Batson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18-1869  
 7. AGE YEARS 64 MONTHS 3 DAYS 28 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN). Kansas City (STATE OR COUNTRY) Mo.  
 13. NAME Columbus King  
 14. BIRTHPLACE (CITY OR TOWN). Unknown (STATE OR COUNTRY)  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN). Unknown (STATE OR COUNTRY)  
 17. INFORMANT Arthur King (ADDRESS) 9531 Van Horn Rd  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Washington DATE July 18, 1933  
 19. UNDERTAKER W. J. Guzman's Sons (ADDRESS) Mo.  
 20. FILED 7-20 19 33 J. L. Cook Registrar.

## MEDICAL CERTIFICATE OF DEATH

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 19 33  
 22. I HEREBY CERTIFY That I attended deceased from January 19, 19 33 to July 16, 19 33  
 I last saw her alive on July 16, 19 33 Death is said to have occurred on the date stated above, at        m.  
 The principal cause of death and related causes of importance were as follows:  
Tuberculosis  
Pulmonary  
23A. Atelectasis  
25  
73  
 Other contributory causes of importance:  
 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         
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify         
 (Signed) Dr. J. L. Cook M. D.  
 (Address) 10307 Indip Ave K.C. Mo.

Mr. C. Howard Williams  
10307 Indep. Ave.