

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

Do not use this space.

36172

1. PLACE OF DEATH
 County Gentry Registration District No. 309
 Township Albany Primary Registration District No. 4185
 City Albany (No.) St. Ward
 2. FULL NAME William Henry Batson
 (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

MEDICAL CERTIFICATE OF DEATH

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 Emma Glenn
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 13-1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 0 0 0 0 0
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 14 19 33
 17. I HEREBY CERTIFY, That I attended deceased from Nov 8th, 1933, to Nov 12, 1933
 that I last saw him alive on Nov 12, 1933, and that death occurred, on the date stated above, at 1:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

"Cancer of Stomach;
460 with Para Carditis
9013 gave up 10 mos. ds.
 CONTRIBUTORY (SECONDARY) Heart about 3 weeks
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) G. W. Whiteley, M. D.
Nov 15, 1933 (Address) Albany 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.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio
 10. NAME OF FATHER Robert S. Batson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 12. MAIDEN NAME OF MOTHER Mary E. Reed
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 14. INFORMANT Mrs. Marshall Smith
 (Address) Albany Mo.
 15. Dec 16, 1933 W. T. Martin
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
City Cemetery Nov. 15 1933
 20. UNDERTAKER ADDRESS
A. J. Bare Albany Mo.

Every item of information 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.

