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

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.

JAN 20 1934

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

Do not use this space.

41710

1. PLACE OF DEATH

County ..... Registration District No. 791 1002 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10746

City ..... (No. Josephine Hospital St. ..... Ward)

2. FULL NAME Prentiss J. Batchelor

(a) Residence, No. 2011 James St., 23 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1849

7. AGE YEARS 84 yrs MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER

13. NAME Unknown Batchelor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Charles A. Cheney 6036 Waterman

18. BURIAL, CREMATION, OR REMOVAL Bellefontaine Cemetery DATE Dec 15 1933

19. UNDERTAKER (ADDRESS) Wm. J. Robert 1905 S. Grand Blvd

20. FILED DEC 11 1933 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

4

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1933 to Dec 12, 1933

I last saw him alive on Dec 12, 1933 Death is said to have occurred on the date stated above, at 10.10 A.m.

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

	Date of onset
Chronic Myocarditis	10 yrs
131	
93C	
139	

Other contributory causes of importance:

Chronic Nephritis	5 yrs
Hypertrophied Prostate	1 yr
Chronic Cystitis	1 yr

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Exam 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? No

If so, specify .....

(Signed) J. P. Kim, M. D.

(Address) 2730 McNAIR AVE