

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.

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

13463

1. PLACE OF DEATH

County LewisRegistration District No. 486Township SalemPrimary Registration District No. 5645City (No.)File No. Registered No. St. Ward 2. FULL NAME Albert Edwards Battles.(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 5 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

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFLidya N. Battles.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17. 1860.

7. AGE

YEARS

73

MONTHS

4

DAYS

22If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. 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)
(STATE OR COUNTRY)Warren. Missouri.

FATHER

13. NAME

Albert E. Battles.14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Illinois.

MOTHER

15. MAIDEN NAME

Alice Mea16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Not known.17. INFORMANT
(ADDRESS)Robert B Battles
4421 A. Easton Ave. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE LaBelle, Mo.DATE Apr. 11. 19 3419. UNDERTAKER
(ADDRESS)James A. Coder
Lewistown, Missouri.20. FILED May 11 19 34Alvin P. Neal, Mo.

Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 9. 19 3422. I HEREBY CERTIFY, That I attended deceased from
April 6. 19 34, to April 9. 19 34I last saw him alive on April 6. 19 34. Death is saidto have occurred on the date stated above, at 2 p.m.

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

Bronchopneumonia

Date of onset

11/10/34

Other contributory causes of importance:

Arteriosclerosis
Pleurisy
Chronic interstitial pneumonia97Name 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) A. G. Zushan, D.O.(Address) La Belle, Mo.

1. The first part of the document is a list of names and dates, which appears to be a roster or a list of events. The names are written in a cursive script, and the dates are in a standard font. The list is organized into two columns, with names on the left and dates on the right.

2. The second part of the document is a large, handwritten letter or memorandum. It is written in a cursive script and is organized into several paragraphs. The text is somewhat difficult to read due to the cursive and the age of the document. The letter appears to be addressed to someone, but the name is not clearly legible. The content of the letter is not clear, but it seems to be a formal communication. The letter is written on a piece of paper that has some faint, illegible markings at the top, which might be a header or a title. The letter is signed at the bottom, but the signature is not clearly legible. The overall appearance of the document is that of an old, handwritten letter or memorandum.