

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township Ash Hill
City (No.)

Registration District No. 92
Primary Registration District No. 5134B

File No. 19660
Registered No. _____
St. _____ Ward _____

2. FULL NAME Louis Holland Batson

(a) Residence, No. 4 Mi N. Quilbin Mo 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Batson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11-1861
7. AGE YEARS 72 MONTHS 10 DAYS 14 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1934
22. I HEREBY CERTIFY, that I attended deceased from 6/25, 1934, to 6/25, 1934
I last saw him alive on 6/24, 1934. Death is said to have occurred on the date stated above, at 7:20 p. m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) May 1930
11. Total time (years) spent in this occupation all life

Malaria Fever
38
38
Date of onset 6/10
34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamson Co Ill
13. NAME Abner Batson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
15. MAIDEN NAME Tinnie Hawk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT Albert Batson (ADDRESS) Quilbin Mo R 1
18. BURIAL, CREMATION, OR REMOVAL PLACE Hilbia Cem DATE June 26, 1934

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 _____

19. UNDERTAKER N. P. Phelps (ADDRESS) Poplar Bluff Mo
20. FILED 8/10 1934 Scott Cook Registrar

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) Scott Cook, M. D.
(Address) Quilbin Mo.

AUG 1 - 1934
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

