

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

Do not use this space.

JUN 25 1935

17165

1. PLACE OF DEATH

County Miller
Township Osage
City Osage (No. 1)

Registration District No. 6
Primary Registration District No. 5-5-10

File No. 17165
Registered No. 17165
St. Osage Ward 1

2. FULL NAME

May Marie Batt
(a) Residence, No. Osage P.R. No. 1, Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 8 yrs. 0 mos. 0 ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Batt (deceased)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>09-1-1855</u>		
7. AGE <u>79</u> YEARS	<u>8</u> MONTHS	<u>19</u> DAYS
If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Danah's Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>May 1935</u>	
11. Total time (years) spent in this occupation <u>19</u>		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller County</u>
	13. NAME <u>Gabe Davidson</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller County Missouri</u>
	15. MAIDEN NAME <u>Deliah Wyrick</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
FATHER	17. INFORMANT <u>Clyde Hendricks</u> (ADDRESS) <u>Osage P.R. No. 1</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hickory Point</u> DATE <u>May 31, 1935</u>
	19. UNDERTAKER <u>J. M. Pierce</u> (ADDRESS) <u>Osage P.R. No. 1</u>
	20. FILED <u>5/29</u> , 19 <u>35</u> <u>John S. Schmitt</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from April, 1933, to May, 1935
I last saw her alive on April 20, 1935. Death is said to have occurred on the date stated above, at 10:45 p. m.
The principal cause of death and related causes of importance were as follows:
chronic parenchymatous nephritis
chronic myocarditis
Gastritis

Other contributory causes of importance: 121

Date of onset -

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? No
If so, specify -

(Signed) L. M. Garner, M. D.
(Address) Osage P.R. No. 1

