

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.

JUL 1 1935

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

Do not use this space.

18949

1. PLACE OF DEATH

County Boone

Registration District No. 72

Township Centralia

Primary Registration District No. 4041

City Centralia (No.)

File No.

Registered No. 16

St. Ward

2. FULL NAME

(a) Resident, 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

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

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

July 10th 1898

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. min.

36

10

26

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

Laborer

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)

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Andrain Co., Mo.

13. NAME

John Bathin

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

Ohio

15. MAIDEN NAME

Dinnie Pearl Turner

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

Andrain Co., Mo.

17. INFORMANT (ADDRESS)

Lawrence Bathin
Centralia

18. BURIAL, CREMATION, OR REMOVAL

Centralia Mo. Cem. DATE June 14th 1935

19. UNDERTAKER (ADDRESS)

Wm. McDonald
Centralia, Mo.

20. FILED

68 1935 July 1st Trivers
Registrar

MEDICAL CERTIFICATE OF DEATH

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

June 6th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1935, to June 6, 1935

I last saw him alive on June 6, 1935. Death is said to have occurred on the date stated above, at 11:30 P.m.

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

Colonial Typhoid (viral) Date of onset 1935

Other contributory causes of importance

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?

If so, specify

(Signed) Frank Wm. Bandler, M. D.

(Address) Centralia, Mo.

OCT 1 1953