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.

AUG 22 1935

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

Do not use this space.

File No. 25440

Registered No.

1. PLACE OF DEATH

County: Worth

Township: Gletchall

City: ~~St. Joseph City~~ (No. ..... St. ..... Ward)

Registration District No. 903

Primary Registration District No. 6212

2. FULL NAME: Mary Frances Batton

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Larry M. Batton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 13, 1858

7. AGE: Years 77 Months 6 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Pigua Ohio

FATHER

13. NAME: Wm Ingram

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

MOTHER

15. MAIDEN NAME: Nancy Morrin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wm Ingram

17. INFORMANT (ADDRESS): Dorothy Tilton Grant City Mo

18. BURIAL, CREMATION, OR REMOVAL. PLACE: Hamilton Mo. DATE: 7/21, 1935

19. UNDERTAKER (ADDRESS): John C. Dunlee Grant City Mo

20. FILED: 8-9, 1935 Fred Mudd M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1935, to July 21, 1935. I last saw her alive on July 21, 1935. Death is said to have occurred on the date stated above, at 12:15 m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	1930
Heart	

Other contributory causes of importance: Extreme heat

Name of operation: Date of:

What test confirmed diagnosis? Physical 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) R. J. Hoss M.D., M. D.

(Address) Grant City Mo.