

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

Do not use this space.

NOV 26 1935

33734

1. PLACE OF DEATH

County Douglas
 Township Douglas
 City Douglas (No. 0)

Registration District No. 750
 Primary Registration District No. 5985

File No. 13
 Registered No. 1331
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-26-1921

7. AGE YEARS 14 MONTHS 2 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
 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) Hancock County Illinois

13. NAME Everett M. Batten

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

15. MAIDEN NAME Lucy Gomer

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

17. INFORMANT Everett M. Batten
 (ADDRESS) Douglas Mo. Rm # 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cmr. DATE 10-8-35, 1935

19. UNDERTAKER John H. Johnston
 (ADDRESS) Douglas

20. FILED 10-7-35, 1935 C B Johnston
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-6-1935, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 6, 1935, to October 6, 1935

I last saw him alive on October 6, 1935. Death is said to have occurred on the date stated above, at 2:35 p.m.
 The principal cause of death and related causes of importance were as follows:

Diabetic Coma
Diabetic Mellitus
 Other contributory causes of importance: _____
 Name of operation none Date of _____
 What test confirmed diagnosis? Clinical 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 _____, 1935
 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 J. E. Williams, M. D.
 (Address) Douglas Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

