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.

MAY 20 1936

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

Do not use this space.

14765

1. PLACE OF DEATH
County: Gentry
Township:
City: Albany (No. , St. Ward)

Registration District No. 309
Primary Registration District No. 4185

File No.
Registered No. 39

2. FULL NAME: Alice Cosby Batson

(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: Female
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: C. J. Batson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 1, 1910

7. AGE: Years 26 | Months 0 | Days 16 | 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): Gentry Co Mo

FATHER
13. NAME: Wallace Hines
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gentry Co Mo

MOTHER
15. MAIDEN NAME: Sadie Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gentry Co Mo

17. INFORMANT (ADDRESS): C. J. Batson Albany Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ruge DATE: 4/18 36

19. UNDERTAKER (ADDRESS): Robert L. Gaple Albany Mo

20. FILED: Apr. 16, 1936 N. T. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 21, 1936, to Apr. 16, 1936
I last saw her alive on Apr. 15, 1936. Death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs, 23	

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) N. T. Martin, M. D.
(Address) Albany, Mo.

APR 21 1950