

MAY 22 1936

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

Do not use this space.

15836

1. PLACE OF DEATH

County Spokane
 Township Canton
 City Canton (No.)

Registration District No. 477
 Primary Registration District No. 5641

File No.
 Registered No. 25
 St. Ward

2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Katherine Batchelt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 22, 1860</u>		
7. AGE <u>75</u>	YEARS <u>11</u>	MONTHS <u>12</u>
8. TRADE, PROFESSION, OR PARTICULAR kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. INDUSTRY OR BUSINESS IN WHICH work was done, as silk mill, saw mill, bank, etc. <u> </u>		
10. DATE DECEASED LAST WORKED AT this occupation (month and year) <u> </u>		
11. Total time (years) spent in this occupation <u> </u>		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
FATHER	10. Date deceased last worked at this occupation (month and year) <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canton Mo.</u>
	13. NAME <u>Jacob Batchelt</u>

FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>
	15. MAIDEN NAME <u>Margaret Kramer</u>

MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT <u>Mrs. Katherine Batchelt</u> (ADDRESS) <u>Canton Mo.</u>

INFORMANT	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Canton Mo.</u> DATE <u>April 7, 1936</u>
	19. UNDERTAKER <u>Carl H. Buckley</u> (ADDRESS) <u>Canton Mo.</u>

INFORMANT	20. FILED <u>4-7, 1936</u> <u>H. W. Harris</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 4, 1936</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 18, 1936</u> , to <u>April 4, 1936</u> I last saw him alive on <u> </u> , 19 <u> </u> . Death is said to have occurred on the date stated above, at <u>10:30 AM</u> . The principal cause of death and related causes of importance were as follows: <u>Myocardial degeneration of heart</u> <u>9/2/36</u> Date of onset <u>57m.</u>

Other contributory causes of importance:

Name of operation <u> </u> Date of <u> </u>
What test confirmed diagnosis <u> </u> Was there an autopsy? <u>No</u>

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u> </u> Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
--

Manner of injury <u> </u> Nature of injury <u> </u>
--

24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u> </u> (Signed) <u>Steve Harris</u> , M. D. (Address) <u>Canton Mo.</u>
--

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.

