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.

NOV 20 1936

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

Do not use this space.

33794

1. PLACE OF DEATH
County Butler
Township Ash Hill
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 425
Primary Registration District No. 5134C

File No. .....
Registered No. .....

2. FULL NAME James Andrew Battin

(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. 14 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): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 - 1935

7. AGE: YEARS 1 | MONTHS 2 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) Harry Ark

FATHER
13. NAME Bill Battin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Minnie Gillihan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Co. Ill

17. INFORMANT (ADDRESS) Silas Pettypool Fisk

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mete Hill Cemetery Butler County, Mo. DATE Sept 14 1936

19. UNDERTAKER (ADDRESS) Carson Higginbotham Ravenden Arkansas

20. FILED 11-9- 1936 Floyd Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1936, to Sept 13, 1936
I last saw him alive on Sept 13, 1936 Death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Inflamation of brain and bowels	Sept 11 1936

Other contributory causes of importance: Malarial Dysentery

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) R. F. Tarpley, M. D.
(Address) Fisk