

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

Do not use this space.

OCT 21 1936

34123

**1. PLACE OF DEATH**

County Greene Registration District No. 317  
 Townshp. Concessant Primary Registration District No. 3437  
 City Billings (No. ....) St. .... Ward)

**2. FULL NAME** Lucy 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 60 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|   |                                  |  |
|---|----------------------------------|--|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Luella R. B. Batson</u>                        |                                  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 25th 1876</u>   |                                  |  |
| 7. AGE  | YEARS                            | MONTHS   |
|   | <u>60</u>                        | <u>10</u>  |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Housekeeper</u> |                                  | 11. Total time (years) spent in this occupation<br><u>60 yrs</u>           |
| 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)<br><u>Feb 1936</u>                              |                                  |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Boyer Co. Missouri</u>                                     |                                  |  |
| 13. NAME <u>Robt. B. Batson</u>   |                                  |  |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Boyer Co. Missouri</u>                                     |                                  |  |
| 15. MAIDEN NAME <u>Mary E. Nowell</u>   |                                  |  |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Texas</u>  |                                  |  |
| 17. INFORMANT <u>Mrs. J. E. King Kendall</u><br>(ADDRESS) <u>Billings Mo.</u>                                     |                                  |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Home</u> DATE <u>Sept. 28, 1936</u>                                 |                                  |  |
| 19. UNDERTAKER <u>A. S. Wallace</u><br>(ADDRESS) <u>Billings Mo.</u>  |                                  |  |
| 20. FILED <u>Sept. 28, 1936</u> <u>Bertha Nance</u><br>Registrar.   |                                  |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1936 to 9-24, 1936  
 I last saw her alive on 9-24, 1936 Death is said to have occurred on the date stated above, at 4:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Ferricious Arrening  
 Date of onset

Other contributory causes of importance:  
Chr. Myocarditis

Name of operation none Date of .....

What test confirmed diagnosis Blas. Edwards 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) Chas. Stail, M. D.  
 (Address) Billings, Mo.

WHITE 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.

