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.

OCT 21 1936

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

Do not use this space.

File No. 40189

Registered No.

1. PLACE OF DEATH
County: Washington
Township: Liberty
City: Potosi R1 (No. St. Ward)

Registration District No. 887
Primary Registration District No. 6181

2. FULL NAME: Baby Dorothy Battrell

(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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10/5/36.

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 4 hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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): Potosi R1

FATHER

13. NAME: Clarence Battrell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Potosi Mo R1

MOTHER

15. MAIDEN NAME: Mae Boyd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Zift Mo.

17. INFORMANT (ADDRESS): Clarence Battrell Potosi Mo R1

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oldmine Mo DATE: 10/5 1936

19. UNDERTAKER (ADDRESS): J. B. BOYER & SON POTOSI, MO.

20. FILED: Oct 6 1936 G. F. Crissman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/5 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Patent Foramen Ovale
Died immediately after birth

Date of onset

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) M. Caldwell M. D.

(Address) Potosi Mo. Health Officer