

JAN 19 1937

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

Do not use this space.

44827

1. PLACE OF DEATH

County Jackson

Registration District No. 393

File No. 393

Township Kan

Primary Registration District No. 1002

Registered No. 393

City Keokuk

St. St. Joseph's Hospital (If nonresident, give city or town and State)

2. FULL NAME

(a) Residence, No. 1

(Usual place of abode)

St. Ward

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Lyman B Bathgate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 22, 1893

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, ..... hrs.

or ..... min.

43

7

23

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

None

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Keokuk Mo

13. NAME

William Use

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Keokuk Mo

15. MAIDEN NAME

Carrie Goodnow

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Keokuk Mo

17. INFORMANT

(ADDRESS)

William Use

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Keokuk

DATE

12/17

19

19. UNDERTAKER

(ADDRESS)

Wm. S. Clark

20. FILED

12-15-36

Registrar

MEDICAL CERTIFICATE OF DEATH

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

12/15, 1936

22. I HEREBY CERTIFY, That I attended deceased from

12/15, 1936, to 12/15, 1936

I last saw him alive on 12/15, 1936 Death is said

to have occurred on the date stated above, at 11:45 a.m.

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

Subcapsular Hemorrhage of the liver

Acute Myocarditis

16 B

Other contributory causes of importance:

Secondary Anemia

Brain Hemorrhage

Toxic Thyroid

Name of operation

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

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) T. K. Hamilton

(Address) St. Joseph's Hospital

U. S. M. D.

