

JUL 31 1937.

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin
Township Wessett
City Wessett (No. _____)

Registration District No. 288
Primary Registration District No. 4172

File No. 23625
Registered No. _____
St. _____ Ward _____

2. FULL NAME John Battles

(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 m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-1-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 3 12

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

13. NAME Henry Battles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Julia McKee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Henry Battles

18. BURIAL, CREMATION, OR REMOVAL

PLACE McGowan DATE 6/14 1937

19. UNDERTAKER (ADDRESS) Emerson - Bureau

20. FILED 6-4 1937 Wessett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/13 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12 1937, to June 13 1937

I last saw him alive on June 12 1937. Death is said

to have occurred on the date stated above, at 10:30 p.m.

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

Uremia, Ourna
exacerbation of
Chr. Nephritis.
Art.

Date of onset

Other contributory causes of importance: 131
Arteriosclerosis

Name of operation no Date of _____

What test confirmed diagnosis? Erio 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) James C. Lester M. D.

(Address) Wessett Tenn

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.

