

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 WayneRegistration District No. 892Township BlackriverPrimary Registration District No. 194City ChaoniaFile No. 25167Registered No. 16St. Mo. Ward

2. FULL NAME

Fannie Thelma Batton(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

girl

4. COLOR OR RACE

white

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

✓

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

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

Aug. 8 1930

7. AGE

4 YEARSMONTHS 1DAYS 11If LESS than 1 day, hrs. or 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)

Chaonia Mo

FATHER

13. NAME

E. J. Batton

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

Chaonia Mo

MOTHER

15. MAIDEN NAME

Sarah E. Batton

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

Chaonia Mo

17. INFORMANT (ADDRESS)

Mrs. Sarah Batton (mother)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ChaoniaDATE 20 Sept. 1937

19. UNDERTAKER (ADDRESS)

none

20. FILED

Sept 24 1937Registrar Mrs. Hattie McPherson

MEDICAL CERTIFICATE OF DEATH

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

Sept. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19I last saw h alive on , 19 Death is saidto have occurred on the date stated above, at 12:20 PM

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

Date of onset

Other satisfactory 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 , 19Where 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)

John M. Jones M. D.

(Address)

Poplar Bluff, Mo.

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.

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