

REC'D MAR 15 1938

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

Do not use this space.

6389

1. PLACE OF DEATH
 19 County Cass 2 Registration District No. 156
 8 Township 1 Primary Registration District No. 4090
 6 City Harrisonville (No. 355 St. Ward)

2. FULL NAME James Monroe Bateman

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 19 - 1854

7. AGE YEARS 83 MONTHS 10 DAYS 28 IF LESS than 1 day, hrs. or min.

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

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1935, to Feb 14 1938
 I last saw him alive on Feb 14 1938. Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:
Progressive Bulbar Paralysis Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

13. NAME Wm Bateman

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

15. MAIDEN NAME Louisa Prater

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

17. INFORMANT (ADDRESS) Robert Bateman
Harrisonville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland Cem DATE 7/9 1938

19. UNDERTAKER (ADDRESS) Rymerburgers
Harrisonville, Mo

20. FILED Feb 18 1938 D. M. Griffith 148

Name of operation Date of

What test confirmed diagnosis? 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) J. S. Triplett, M. D.
Harrisonville, 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.

13-7-14

