

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.

803 APR 8 1938

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

Do not use this space.

1. PLACE OF DEATH

County Hudrain  
Township Saline  
City Saline

Registration District No. 77

Primary Registration District No. 5036

File No. 10018

Registered No. \_\_\_\_\_

2. FULL NAME Thomas A Batten 350

(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<br><u>Male</u>                                                                 | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Mary J. Batten</u> |                                  |                                                                             |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Apr. 21<sup>st</sup> 1868</u>           |                                  |                                                                             |
| 7. AGE<br>YEARS<br><u>69</u>                                                          | MONTHS<br><u>11</u>              | DAYS<br><u>10</u>                                                           |
| If LESS than 1 day, _____ hrs. or _____ min.                                          |                                  |                                                                             |

|                                                       |                                                                                                              |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| OCCUPATION                                            | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Farmer</u> |
|                                                       | 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) Mo

13. NAME Abner Batten

14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Va

15. MAIDEN NAME Emsey Fisher

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Va

17. INFORMANT Mary J. Batten  
(ADDRESS) REF Clark mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pisgah DATE Apr 1, 2<sup>nd</sup> 1938

19. UNDERTAKER Mahan and Son  
(ADDRESS) mobly gro

20. FILED 415 19 38 M. B. Johnson  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31<sup>st</sup> 1938

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 10<sup>30</sup> a.m.

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

Natural Cause

"unknown"

Other contributory causes of importance: g. 3316

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) B. Johnson

(Address) Coroner, Audrain

