

REC'D SEP 13 1938

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

27781

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 395  
 (b) Township Kaw Primary Registration District No. 100  
 (c) City Kansas City (d) Street No. Research Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 3092

## 2. PRINT FULL NAME

Mrs. Elizabeth Battershill 31  
 (a) Residence, No. 19 West 69th Street St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 William Battershill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
84 3 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Ontario  
 (STATE OR COUNTRY) Canada

FATHER 13. NAME Don't Know

14. BIRTHPLACE (CITY OR TOWN) Don't Know  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) Don't Know  
 (STATE OR COUNTRY)

17. INFORMANT John Battershill  
 (ADDRESS) 19 W. 69th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Topeka, Kansas DATE 8-4-38

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary  
 (ADDRESS) Kansas City, Mo.

20. FILED Aug 4, 1938 M. M. Browne  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-4-38 1938

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1938, to Aug 4, 1938  
 I last saw him alive on Aug 4, 1938 Death is said to have occurred on the date stated above, at 7:45 A.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Scurvy  
Arterio sclerosis  
Fracture left tibia

Name of operation None Date of None  
 What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide None Date of injury 5-24, 1938  
 Where did injury occur? Kansas City, Jackson, Mo.  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In Home - 1920 69th St.  
 Manner of injury fell down staircase  
 Nature of injury fractured tibia (leg) into lung point

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify

(Signed) Paul J. Ferris, M. D.(Address) 934 49th St. Kansas City, Mo.

Carl Jensen

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me Charles W. Chiles

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

Charles W. Chiles

Licensed Embalmer No.

3473

P. O. Address

10421 Ashland St

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**