REC'D SEP 9 1938

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

Do not use this space.

29,903

File No. 805

Registered No.

1. PLACE OF DEATH

County St. Francois — Registration District No. 774

Township St. Francois — Primary Registration District No. 4465

City Flat River, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Rebecca Battrel 36 yr

(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 F

4. COLOR OR RACE W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 1931

7. AGE Years 7 Months 2 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) 8-1-38

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cadet Mo

FATHER

13. NAME Morgan Batrell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Mo

MOTHER

15. MAIDEN NAME Bertha Boyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Mo

17. INFORMANT (ADDRESS) Morgan Batrell

18. BURIAL, CREMATION, OR REMOVAL

PLACE Old Mine DATE Aug 15 1938

19. UNDERTAKER (ADDRESS) Sparks Potosi Mo

20. FILED 9/6 1938 O B Farrar Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13th 1938

22. I HEREBY CERTIFY, That I attended deceased from 8 a.m. Aug 13th 1938, to 2 p.m. Aug 13th 1938. I last saw her alive on Aug 13th, 1938. Death is said to have occurred on the date stated above, at 2 p.m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Status lymphaticus	
115 Al	

Other contributory causes of importance:
Ether Anesthesia, surgical removal of tonsils and adenoids

Name of operation Tonsillectomy Adenectomy Date of 8-13-38

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. Marpeiter M.D., M.D.
(Address) Flat River, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.