

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

Do not use this space.

39656

1. PLACE OF DEATH
 County GREENE Registration District No. 320
 Township CENTER Primary Registration District No. 8443
 City (No.) St. Ward

2. FULL NAME MARY LOUISE BATSON
 (a) Residence, No. Bois D'Arc, Mo St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 79 yrs. 8 mos. 18 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX FEM 4. COLOR OR RACE WH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF GEORGE W. BATSON (DEQ)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-7-1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>8</u>	<u>13</u>	

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

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 ✓

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20-1939

22. I HEREBY CERTIFY, That I attended deceased from 6-10-1937, to 11-20-1939
 I last saw her alive on 11-10-1939. Death is said to have occurred on the date stated above, at.....m.

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

NEPHRITIS Date of onset 3yrs
(CHRONIC TYPHACH.)

Other contributory causes of importance: 101

Name of operation NONE Date of 11-20-39
 What test confirmed diagnosis? usual 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 11-20-39
 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 None
 (Signed) D. J. Munk M. D.
 (Address) Bois D'Arc Mo

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

FATHER 13. NAME DAVID ROBERT

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

MOTHER 15. MAIDEN NAME DORTHULA BULAH

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

17. INFORMANT ALVA BATSON
 (ADDRESS) Bois D'Arc Mo

18. BURIAL PLACE YEAKEY LAPEL DATE 11-22-39
 (ADDRESS) Bois D'Arc Mo

19. UNDERTAKER REDFEARN & HOYAL
 (ADDRESS) Bois D'Arc Mo

20. FILED 12/21/39 Luoye E. Hoyal Registrar

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

DEC 15 1939

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