

MAR 23 1937

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

Do not use this space.

1. PLACE OF DEATH

60 County Monticome
Township Luna
City (No. 1772 A line)

Registration District No. 574
Primary Registration District No. 4398

File No. 12690
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Frank Joseph Batty

(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) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 - 1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 4 7

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

13. NAME Charles E. Batty

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

15. MAIDEN NAME Catherine Sport

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

17. INFORMANT Mrs Frank J Batty
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lanark DATE March 3 1937

19. UNDERTAKER Char Fullrich
(ADDRESS)

20. FILED Mar 2 1937 Mrs Abbie Orisk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-20 1937, to 2-1 1937

I last saw him alive on 2-28 1937 Death is said

to have occurred on the date stated above, at 8 AM

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

Pneumo

Other contributory causes of importance:

Influenza

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 _____, 1937

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) A. L. Meredith M. D.

(Address) Prarie House Mo

PHYSICIANS should state exact statement of OCCUPATION is very important.

