

AUG 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County Ruchanan  
Township Joseph Mo  
City Joseph Mo

Registration District No. 85  
Primary Registration District No. 1001

File No. 21996  
Registered No. 824  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John Taylor Batsell  
28 39 Angelique St Joseph Mo St.  
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Blanche Batsell</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug. 29, 1883</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>10</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Home Contractor  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Uniontown  
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER Lee H. Batsell  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Uniontown  
(STATE OR COUNTRY) Kansas  
12. MAIDEN NAME OF MOTHER Belle Tucker  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Weston  
(STATE OR COUNTRY) Missouri

14. INFORMANTS (Address) State Hospital Missouri Joseph Mo.

15. FILED 18 1936  
John G. W.  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 1930  
17. I HEREBY CERTIFY, That I attended deceased from May 10, 1930, to July 17, 1930, that I last saw him alive on July 17, 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
By Phlebotomy  
3 1/2 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 3 1/2 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.  
8 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) W. B. Miles, M. D.

July 19 1930 (Address) St Joseph Mo  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ashland Cemetery DATE OF BURIAL July 19 1930

20. UNDERTAKER Heaton Bibale & Bowman ADDRESS 319 S. 10th  
James & Jesse

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.

