

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

Do not use this space.

8166

1. PLACE OF DEATH
 County Sumner Registration District No. 332
 Township Lincoln Primary Registration District No. 6462
 City (No.) St. Ward

File No.
 Registered No. 2

2. FULL NAME Virginia Batson
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jake Batson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 2 - 1868</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>9</u>
	DAYS <u>12</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) <u>31</u>		
FATHER	13. NAME <u>Thomas Ricketts</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u> <u>2</u>	
MOTHER	15. MAIDEN NAME <u>Carolyn Taylor</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>	
17. INFORMANT (ADDRESS) <u>Martin Batson</u> <u>Lincoln Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Mar 14</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Chas A Schooler</u> <u>Spickard Mo</u>		
20. FILED <u>Apr - 12</u> 19 <u>32</u> <u>Mammie Riddle</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 14 1932 to Mar 15 1932
 I last saw him alive on Mar 15 1932 Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
 Date of onset 3-12-32

Other contributory causes of importance
108
108

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? (1)

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?
 If so, specify
 (Signed) G.W. Ewing M. D.
 (Address) Spickard Mo

N. B.—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.

MAY 3 4 1932

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

