

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

Do not use this space.

1. PLACE OF DEATH

County Rochester Registration District No. _____

Township _____ Primary Registration District No. _____

City St. Joseph (No. Isolation) St. _____ Ward _____

File No. 23380

Registered No. 889

2. FULL NAME

(a) Residence, No. 1101 ~~St. Louis~~ Edgewood Ave. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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 Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 1924

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 9 10 2

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lincoln

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) St. Joseph Mo

13. NAME James L. Battrell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Falls City Mo

15. MAIDEN NAME Ann Brinkman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo

17. INFORMANT (ADDRESS) James L. Battrell

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Burial DATE July 29 1934

19. UNDERTAKER (ADDRESS) St. Joseph

20. FILED 7-28 1934 John R. Bearden Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1934

22. I HEREBY CERTIFY That I attended deceased from 7-19 1934 to 7-27 1934

I last saw him alive on 7-26 1934 Death is said to have occurred on the date stated above, at 11:00 m.

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

Diphtheria Date of onset _____

10 1934

10

Other contributory causes of importance: myocarditis

Name of operation _____ Date of operation _____

What test confirmed diagnosis Microscopic 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) A. J. Downer, M. D.

(Address) 1010 2nd St

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 14 1934

