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.

JUN 24 1936

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

Do not use this space.

20231

1. PLACE OF DEATH
County Osage — Registration District No. 639 — File No.
Township Benton — Primary Registration District No. 4383 — Registered No.
City Chamois Mo (No. , St. Ward)

2. FULL NAME Alfred J. B. Battie
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 6 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 1849

7. AGE — YEARS: 86 — MONTHS: 8 — DAYS: 21 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. non
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) England

FATHER
13. NAME Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (~~CITY OR TOWN~~) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Henry Pelle Chamois, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ferguson Cemetery DATE May 23 1936

19. UNDERTAKER (ADDRESS) Otto T. Stocksick Chamois Mo

20. FILED May 24 1936 Esther Souder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 19, to May 22, 1936
I last saw him alive on May 26, 1936 Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Artero sclerosis	
2 Pulmonary Oedema	

Other contributory causes of importance

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, 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) [illegible] M. D.
(Address) Chamois Mo