

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

Do not use this space.

1886

File No. \_\_\_\_\_  
Registered No. 5  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
4 County AVANCE Registration District No. 26  
4 Township SALT RIVER Primary Registration District No. 3002  
2 City MEXICO MO (No. Andrassy Hospital)  
2  
2. FULL NAME Willard Bathright 362  
(a) Residence, No. 496 Parkings 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-30-1918  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
19 | 4 | 9 | \_\_\_\_\_  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School  
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) Tebbets  
CALLAWAY Co Mo  
13. NAME Tebbets Willie G Bathright  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tebbets  
CALLAWAY  
15. MAIDEN NAME Ruth NASH  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tebbets  
CALLAWAY Co Mo  
17. INFORMANT (ADDRESS) Willard Bathright  
Mexico Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE 1-11-1938  
Mexico Mo  
19. UNDERTAKER (ADDRESS) W. Reynolds  
Mexico Mo  
20. FILED Jan -10-1938 Blanche Reely  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9-1938  
22. I HEREBY CERTIFY, That I attended deceased from 12-28-1937, 1937 to 1-9-1938, 1938  
I last saw him alive on 1-8-1938, 1938 Death is said to have occurred on the date stated above, at 5:20 a.m.  
The principal cause of death and related causes of importance were as follows:

Tubercular meningitis  
ju  
Other contributory causes of importance:  
Had been well  
at his for 5 months

Name of operation \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
23. If death was due to an injury (write the date of injury) \_\_\_\_\_  
Accident, suicide, or other \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
**RECEIVED**  
**FEB 21 1938**

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) W. Reynolds M. D.  
(Address) Mexico Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

