

REC'D FEB 23 1939

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

2729
 Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421
 (b) Township _____ Primary Registration District No. 5575A
 (c) City Crystal City (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma Battreal

(a) Residence, No. Crystal City Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov., 28, 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>75</u>	<u>1</u>	<u>23</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) Jan., 20th., 1938 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Mines Missouri

FATHER 13. NAME Theodore Portell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Racola Washington County

MOTHER 15. MAIDEN NAME Julian Boursaw
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Racola Washington County Mo.

17. INFORMANT (ADDRESS) Lester M. Maupin Crystal City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus Mo. DATE 1/23/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Duester and Vinyard Festus Mo.

20. FILED 1/24 1939 J. F. Rutledge Local Registrar.

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1939, to January 21, 1939
 I last saw her alive on January 21, 1939. Death is said to have occurred on the date stated above, at 5:20 P.M.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

1-21-39

Other contributory causes of importance:

Angina pectoris
Hypertension1 year ago
10 yearsName of operation none Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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? noIf so, specify _____
 (Signed) John F. Rutledge, M. D.(Address) Crystal City, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

H. W. Myland

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

H. W. Myland

Licensed Embalmer No. *3010*

P. O. Address *Festus Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.