

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.

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

Do not use this space.

MAR 26 1935

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1. PLACE OF DEATH

County Jackson
Township Washington
City (No., St., Ward)

Registration District No. 404
Primary Registration District No. 5558

File No. 5701
Registered No. 7

2. FULL NAME

Layette H. Batts
(a) Residence, No. RFA Chambers St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Ola M. Batts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 3 28

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

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

10. Date deceased last worked at this occupation (month and year) Feb. 1934 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME Archibald Batts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Margaret A. Markham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Arthur Batts (ADDRESS) Grandview, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Belton, Mo DATE 2/10 1935

19. UNDERTAKER E. R. Brown & Sons (ADDRESS) Grandview, Mo

20. FILED 2/9 1935 W. R. Waag Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/8 1935

22. I HEREBY CERTIFY that I attended deceased from Jan 15 - 1935 to Feb 8 - 1935. I last saw him alive on Feb 8 - 1935. Death is said to have occurred on the date stated above, at 10:57 a.m.

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

Diabetes Mellitus
Arterio Sclerosis

Date of onset undetermined

Other contributory causes of importance:
Cerebral thrombosis

1-18-35

Name of operation None Date of
What test confirmed diagnosis? Chemical analysis 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?
If so, specify

(Signed) W. R. Waag M. D.
(Address) Waverly City, Mo.

