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

APR 26 1935

Do not use this space.

10357

1. PLACE OF DEATH
County St. Francois — Registration District No. 774
Township [illegible] — Primary Registration District No. 4465
City Flat River (No. ..... St. ..... Ward)

File No. 182
Registered No. .....

2. FULL NAME Katherine Elizabeth Batten
(a) Residence, No. Flat River 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White. Caucasian | Child |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 - 1927.

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 7 | 8 | 18 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl
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) March 1935
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flat River Mo.

FATHER
13. NAME Mr. R. M. Batten.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Mrs. Lydia A. Spray Batten
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mr. R. M. Batten Flat River

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park View Cemetery DATE March 20 1935
Farmington Mo.

19. UNDERTAKER Allen & Hood
(ADDRESS) Flat River - Mo.

20. FILED 3-26 1935 C B Harrison Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1935, to March 18, 1935
I last saw her alive on March 18, 1935. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute pancreatitis | |
| 46.2 | |

Other contributory causes of importance:
mumps

Name of operation None Date of .....
What test confirmed diagnosis? Exam 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) C. H. Applebury, M. D.
(Address) Flat River, Mo

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.

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