JAN 3 1928

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

Do not use this space.

32617

1. PLACE OF DEATH
County: Atchison
Township: West Clark
City: ..... (No. ..... St. ..... Ward)
Registration District No. 17
Primary Registration District No. 5021
File No. 34
Registered No. 410

2. FULL NAME: Darius Bettinger

(a) Residence. No. ..... St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 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: Mrs Martha (Rhoades) Bettinger

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 2-1851

7. AGE: Years 76 | Months 2 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Sackets Harbor
(STATE OR COUNTRY): N. Y.

PARENTS

10. NAME OF FATHER: Daniel Bettinger
11. BIRTHPLACE OF FATHER (CITY OR TOWN): N. Y.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Ann Kipling
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): N. Y.
(STATE OR COUNTRY)

14. INFORMANT: Mrs. Dora Lane
(Address): Fairfax, Mo.

15. FILED 11-29, 1927. J. W. Blevins, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 27, 1927.

17. I HEREBY CERTIFY, That I attended deceased from 11-23, 1927 to 11-27, 1927 that I last saw h. alive on 11-26, 1927, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage Blood due to
Diabetes Mellitus.
9 SA (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF ——

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Owen Hunter, M. D.
11-28, 1927 (Address) Fairfax Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: English Grove Cemetery | DATE OF BURIAL: 11/29 1927.

20. UNDERTAKER: H. H. Schooler | ADDRESS: Fairfax, 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.