

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

Do not use this space.

37833

1. PLACE OF DEATH

County Boone Registration District No. 689 File No. _____
 Township Buffalo Primary Registration District No. 291 Registered No. _____
 City _____ (No. 3 1/2 miles north on E. 180 Ky St. _____ Ward)

2. FULL NAME

Wm Clark Betts
 (a) Residence No. 15th 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-27-1907

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	20	8	16	=

8. OCCUPATION OF DECEASED Telegraph Line man
 (a) Trade, profession, or particular kind of work Missouri
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Louisiana ALTON
 (STATE OR COUNTRY) MISSISSIPPI

10. NAME OF FATHER Warren Betts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Ill (2)

12. MAIDEN NAME OF MOTHER Minnie Fritts

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Louisiana
 (STATE OR COUNTRY) MO

INFORMANT John Fritts
 (Address) Louisiana Mo

15. FILED 12/14/27 J. O. Haery REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/13 1927

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Electrocuted while an employee of Burlington Ry Co
Line man was working on a pole 13' (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 196 (duration) yrs. mos. ds.

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

18. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) Lo M. Davis Coroner
12/13, 1927 (Address) Burlington Green 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 Riverview Louisiana Mo DATE OF BURIAL 12/15 1927

20. UNDERTAKER J. O. Haery ADDRESS Louisiana

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.

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