

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

Do not use this space.

19947

1. PLACE OF DEATH

County Buchanan  
Township  
City St. Joseph, (No. 2101 Pear)

Registration District No. 85  
Primary Registration District No. 1001

File No.  
Registered No. 739  
St. \_\_\_\_\_ (Ward)

2. FULL NAME Betty Maxine Round,

(a) Residence No. 403 Ohio, 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. 3 mos. 0 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 9th. 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
3 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child. 157A  
157B  
158  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph, (STATE OR COUNTRY) Missouri,

PARENTS  
10. NAME OF FATHER Jess Round,  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph, (STATE OR COUNTRY) Missouri,  
12. MAIDEN NAME OF MOTHER Verna Commer,  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Missouri,

14. INFORMANT Mrs. J. Round (Address) 117 South 15th. St.

15. FILED JUN 11 1928 John G. J. J. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10, 1928

17. I HEREBY CERTIFY That I attended deceased from May 15, 1928 to June 10, 1928 that I last saw h.a. alive on June 9, 1928, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Meningococci,  
Hydrocephalus and  
Spina Bifida  
(duration) yrs. 3 mos. da.

CONTRIBUTORY Scarlatina (SECONDARY) (duration) yrs. 3 mos. da.

18. WHERE WAS DISEASE CONTRACTED 157A  
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J. J. Gallman, M.D.

June 11, 1928 (Address) St. Joseph, 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 Ashland Cemetery DATE OF BURIAL June 11 1928

20. UNDERTAKER Hester B. Bournon ADDRESS 319 S. 10 St.

by J. H. Stone Funeral Home

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.

