

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.

JUN 25 1929

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

Do not use this space.

17633

1. PLACE OF DEATH  
 County..... Clinton ..... Registration District No. 208  
 Township..... Hardin ..... Primary Registration District No. 3288  
 City..... (No. ....) ..... St. .... Ward)

2. FULL NAME..... Bettie A. Freeman

(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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July-1-1843</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>10</u>
	DAYS <u>20</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan Co Mo</u>		
10. NAME OF FATHER <u>Joseph Rice</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
12. MAIDEN NAME OF MOTHER <u>Sarah Davis</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
14. INFORMANT <u>Mrs Geo Foster</u> (Address) <u>Trimbale Mo</u>		
15. FILED <u>6-13-29</u> <u>Mrs. J. A. Clancy</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-21-1929

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19..... that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at..... 2-10 2.....

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
Cerebral thrombosis  
9:12  
9:00  
 ..... (duration) ..... yrs. .... mos. .... da.

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

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF .....  
 WAS THERE AN AUTOPSY?.....  
 WHAT TEST CONFIRMED DIAGNOSIS?.....  
 (Signed)..... R. J. Davis M. D.  
 my 23, 19 29 (Address) Springfield 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 Gates Cem. Buchanan Co DATE OF BURIAL May 22 1929

20. UNDERTAKER J. H. Rollins ADDRESS Edenton

