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

Do not use this space.

36263

File No. 7

Registered No. 7

1. PLACE OF DEATH

County: Barton

Registration District No. 107

Township: Union

Primary Registration District No. 5060

City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Glenn Roy Betz

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

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

DEC 18 1929

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: Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1878-11-10

7. AGE: Years 51 | Months 0 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Keswick
(STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER: John Allen Betz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER: Elizabeth Smith

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

14. INFORMANT: Mrs G. R. Betz
(Address) Sheldon Mo

15. FILED: Dec 1st 1929 C. A. Gould, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 30 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan-12-1928, to Nov-30-1929, that I last saw h. alive on Nov-25-1929, and that death occurred, on the date stated above, at 1:30 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bulbar Paralysis

B/A

(duration) 1 yrs. 6 mos. ..... 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? at Research Hospital Kansas City Mo

(Signed) W. S. Popplewell, M. D

12-1-, 1929 (Address) Lamar 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: Shawnee Okla

DATE OF BURIAL: 12-5 1929

20. UNDERTAKER: G B Berry & Sons

ADDRESS: Sheldon