WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space. 208

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.:

Township: — Primary Registration District No.: 1001 — Registered No.: 50

City: St. Joseph. (No. 917 So. 8th. St. St. Ward)

2. FULL NAME Betty Louise Marcum

(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 11, 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 2 hrs. or min.
	0	0	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None.

(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): St. Joseph, Mo.

PARENTS

10. NAME OF FATHER: Preston M. Marcum

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Wayne Co, Ky.

12. MAIDEN NAME OF MOTHER: Millie Basham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Bethany, Mo.

14. INFORMANT: P. M. Marcum (Address) 917 So. 8th. St.

15. FILED JAN 13 1930 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan, 11, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1930 to Jan 11, 1930 that I last saw her alive on Jan 11, 1930 and that death occurred, on the date stated above, at 4.00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Premature birth

1 Sy (duration) yrs. mos. 2 hrs ds.

CONTRIBUTORY (SECONDARY) Tel A (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? Clinical

(Signed) Charles H. Werner

Jan 11, 1930 (Address) 315 Kirkpatrick

*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: City Cemetery — DATE OF BURIAL: Jan, 11, 1929

20. UNDERTAKER: Walter Meinhoffer — ADDRESS: 1302 Faraon St.