

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.

4648

Dr. Arthur B. Smith

1. PLACE OF DEATH

County Greene
Township Springfield, Mo.
City Springfield, Mo. (No. 903 St. Louis)

Registration District No. 318
Primary Registration District No. 2001

File No. _____
Registered No. 118
St. _____ Ward _____

2. FULL NAME Betty Jo Van Zandt

(a) Residence. No. 903 St. Louis St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15, 1922

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>7</u>	<u>8</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Chas Van Zandt

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

12. MAIDEN NAME OF MOTHER Ressie Morris

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

14. INFORMANT Mrs. Van Zandt
(Address) Springfield, Mo.

15. FILE NO. 27-30 For Sharp REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 6, 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Feb. 6, 1930, that I last saw him alive on Feb. 5, 1930 and that death occurred, on the date stated above, at 7:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

2 Brancho-pneumonia
7 following
107A (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) measles
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

21. WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Sign B) Arthur B. Smith, M. D.

2-6, 1930 (Address) 450 1/2 E. Canal

*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

Hazelwood

DATE OF BURIAL

2-7-1930

20. UNDERTAKER

Anna Labmeyer
Funeral Home

ADDRESS
Springfield
Missouri

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