MAR 28 1930

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

Do not use this space.

6263

1. PLACE OF DEATH
County: Central St. Louis
Township: Central
City: ~~St. Louis County~~ (No. ..... St. ..... Ward)
Registration District No. 789
Primary Registration District No. 6033B
File No. .....
Registered No. 41

2. FULL NAME: Nora P. Bethel
(a) Residence. No. 5255 Helen St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 11 yrs. ✓ mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 5-24-1856

7. AGE: Years 73 | Months 8 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(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): Kentucky

PARENTS
10. NAME OF FATHER: unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Margaretta Steele
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Edna Davenport
(Address): St. Louis Mo

15. FILED 2/6 1930 Zella Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 5, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1930, to Feb. 5, 1930 that I last saw her alive on Feb. 4, 1930, and that death occurred, on the date stated above, at 2:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. Myocarditis
93C
127B (duration) not known yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Cholecystitis
(duration) not known 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? Physical Findings
(Signed) Albert Wall, M. D
2/5, 1930 (Address) 5322 Helen

*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: Staunton Illinois
DATE OF BURIAL: Feb 6 1930

20. UNDERTAKER: Wm. Huntmans
ADDRESS: Staunton Ill

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.

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