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

Do not use this space.

8993

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1330
Township Kaws — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Trinity Hosp St. Ward)

2. FULL NAME Betty R Farnsworth
(a) Residence. No. St., Ward. Holden Mo
(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: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE about 42 — YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Ten.

PARENTS
10. NAME OF FATHER: C. A. Hixon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ten
12. MAIDEN NAME OF MOTHER: Walker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ten

14. INFORMANT: G. A. Farnsworth
(Address) Holden Mo

15. FILED 3/29 1930 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1930 to Mar 29, 1930 that I last saw her alive on Mar 29, 1930, and that death occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch. Parenchymatous Nephritis
131
93C
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Ch. Myocarditis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: Blairstown Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Mar 16 1930 Caesarian section
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Roy A. Stevens, M. D.
3/29, 1930 (Address) 910 Realto Bldg

*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: Holden Mo — DATE OF BURIAL: Mar 30 1930

20. UNDERTAKER: T. W. Goodman — ADDRESS: Holden Mo

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.