

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

K. 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.

MAY 27 1930

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

Do not use this space.

13518

1. PLACE OF DEATH

County Deming Registration District No. 63-1
Township Little Grove Primary Registration District No. 3-863
City Camden, Mo.

File No. _____
Registered No. 48
St. _____ Ward _____

2. FULL NAME

Betsy Ann Sledrick
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 59 ✓ ✓

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

9. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) "

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT The Pastor
(Address) Camden, Mo.

15. FILED May 5, 1930 Ada Maiter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him/her alive on _____, 19____, and that death occurred, on the date stated above, at _____, 8 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
unknown
attacked
(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) 200K
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED 0513
IF NOT AT PLACE OF DEATH _____

18 DID AN OPERATION PRECEDE DEATH. _____ DATE OF _____
WAS THERE AN AUTOPSY _____

WHAT TEST CONFIRMED DIAGNOSIS A. R. Conrad, M. D.
(Signed) _____

May 5, 1930 (Address) Camden, 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 Mason Cemetery DATE OF BURIAL April 23 1930

20. UNDERTAKER Friends ADDRESS Camden, Mo.

