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.

MAY 27 1930

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

Do not use this space. 13733 ~~13026~~

1. PLACE OF DEATH
County St. Charles — Registration District No. 757 — File No.
Township ~~St. Charles~~ — Primary Registration District No. 3036 — Registered No. 77
City St. Charles (No. 1031 S. 4th St., St. Ward)

2. FULL NAME Alice Bellvendry Bethel
(a) Residence. No. 1031 S. Fourth St. St., 1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John W. Bethel

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 26, 1861

7. AGE: 68 YEARS — MONTHS: 9 — 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): Green County, Missouri.

PARENTS
10. NAME OF FATHER: Wm. J. Garrett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Not known.
12. MAIDEN NAME OF MOTHER: Margaret Anna White
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee.

14. INFORMANT: E. J. Welch.
(Address) 119 E. College St., Sherman, Texas.

15. FILED 4/26, 1930 Hy. J. Bloebaum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 26, 1930.

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1930, to April 26, 1930, that I last saw her alive on April 25, 1930, and that death occurred, on the date stated above, at 5:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
Chronic Nephritis
131
97
(duration) Semol. yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Depression Melancholia
(duration) yrs. 1 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?
(Signed) [signature], M. D.
, 19 (Address) St. Charles, 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: Springfield, Mo. — DATE OF BURIAL: April 28, 1930.

20. UNDERTAKER: Steinbrinker Und. Co. — ADDRESS: St. Charles, Mo.