NOV 28 1930

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 785 — File No. 33994
Township Bonhomme — Primary Registration District No. 6031 — Registered No. 214
City Crescent (No. ..... St. ..... Ward)

2. FULL NAME Bettie Lee Henson
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-8-1930
7. AGE: 0 Years — Months 8 Days 13 — 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): Illinois

PARENTS
10. NAME OF FATHER: Bunt Henson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Melvia Briskill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Benton Henson
(Address): Crescent Mo

15. FILED 11/10, 1930 C. E. Barnes M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 21 1930
17. I HEREBY CERTIFY, That I attended deceased from Oct. Oct. 15, 1930, to Oct 21, 1930 that I last saw her alive on Oct 21, 1930, and that death occurred, on the date stated above, at 9-30 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): Recurrence & Menengitis
(duration) ..... yrs. ..... mos. 1 1/2 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? (yes)
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Rigor Mortis & Exam
(Signed) Chas R Ozias, M.D.
10/22, 1930 (Address) Eureka, 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: Grandview Kentucky — DATE OF BURIAL: 10/23 1930
20. UNDERTAKER: Jno. A. Thurbes — ADDRESS: Pacific 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.
U. S. NO. 2.