

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

Do not use this space.

5994

1. PLACE OF DEATH

29 County Dade Registration District No. 238
Township Cedar Primary Registration District No. 3326
City..... (No.)..... St. Ward)

File No.....
Registered No.....

2. FULL NAME

Betty Darline Goetz

(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 White 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)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Infant

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Golden City Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Ramon Goetz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Walker Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eliza Garland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pollack Mo
(STATE OR COUNTRY)

14. INFORMANT Ramon Goetz
(Address) Golden City Mo

15. FILED 1-26-32 REGISTRAR J. A. Whelan

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1932, to Jan 25, 1932, that I last saw h. alive on 4-00 hrs. 8:45 AM, 1932, and that death occurred, on the date stated above, at 8:45 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth
7 months gestation

CONTRIBUTORY (SECONDARY) 159 (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF (D)

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) M. L. Brooks, M. D.

Jan 25, 1932 (Address) Golden City 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 New Bethel DATE OF BURIAL Jan 26 1932

20. UNDERTAKER E. Ray Caldwell ADDRESS Lancaster Mo

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.

In Charge, Long James at 23 1932

