

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

Do not use this space.

640

1. PLACE OF DEATH
 33 County Dent Registration District No. 997
 Township Bladen Primary Registration District No. 6238
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Betty Joyce Asbridge
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 27 hrs. (If nonresident, give city or town and State)
 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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) January 30 1932

7. AGE YEARS MONTHS 27 mons
 If LESS than 1 day, _____ hrs. or _____ min.

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

15. DATE OF DEATH (MONTH, DAY AND YEAR) January 31 1932

17. I HEREBY CERTIFY, That I attended deceased from January 30, 1932, to January 31, 1932, that I last saw her alive on January 31, 1932, and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suffocation from asphyxiation
aspiration of amniotic fluid
1608 / 6013 (duration) yrs. 27 mos. ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Dent County Missouri
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
20. WAS THERE AN AUTOPSY? no
21. WHAT TEST CONFIRMED DIAGNOSIS? 1
 (Signed) J. E. Butler, M. D.
1/31, 1932 (Address) Salem 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.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent County Missouri

10. NAME OF FATHER Chester Vernon Asbridge

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dent County Missouri

12. MAIDEN NAME OF MOTHER Carrie Elmer Conway

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dent County Missouri

14. INFORMANT J. E. Butler M.D. Chester Vernon Asbridge
 (Address) Salem Missouri

15. FILED Feb 10 1932 P. M. J. J. J. REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL McCarton Graveyard
20. UNDERTAKER _____

DATE OF BURIAL Feb 1 1932
ADDRESS _____

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.

23 1932

