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.

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

Do not use this space.

6690

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1766

City St. Louis (No. Christian Hospital St. ..... Ward)

2. FULL NAME Bettie L. Anglin

(a) Residence, No. 3 N. Vandeventer St., 19 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. 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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harold Anglin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 12-1896

7. AGE: YEARS 35 | MONTHS 2 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 217
10. Date deceased last worked at this occupation (month and year): Feb. 1932
11. Total time (years) spent in this occupation: 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Backerfield Mo

FATHER

13. NAME: Louis L. Tackitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Charity Boyd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Mrs. James Watson 4206 McRee

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jonesboro Ill DATE Feb. 25, 1932

19. UNDERTAKER (ADDRESS): Norris Und Co. Jonesboro Ill

20. FILED FEB 23 1932, 19 [signature] Registrar. 2/23/32

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician Attendance, 19..., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Haemorrhage due to Ruptured Liver Auto Collision	210M
deceased was occupant of one of Auto's St. Louis Mo.	108b
Other contributory causes of importance: Whether Criminal or accidental not ascertained	201

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Darkness Date of injury 2-21, 1932

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Auto Collision

Nature of injury Ruptured Liver

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Kerner, M. D.

(Address) Dep Coroner