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.

JUN 21 1932

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

Do not use this space.

15580

1. PLACE OF DEATH
2 County Christian — Registration District No. 182
2 Township ~~Lincoln~~ — Primary Registration District No. 4108
1 City Clever (No. ..... St. ..... Ward)

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

2. FULL NAME Bethena Marilda King

(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. 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: C. L. King

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 6 - 1852

7. AGE: YEARS 79 — MONTHS 8 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia 2

FATHER
13. NAME: Tilman Hampton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): 31

MOTHER
15. MAIDEN NAME: .....
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): .....

17. INFORMANT (ADDRESS): Ailsie Maxwell, Clever Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wise Hill DATE: May 28 - 1932

19. UNDERTAKER (ADDRESS): T. W. Maples, Clever, Mo.

20. FILED 6 - 10, 1932 A. A. Maples Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 27 - 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932 to May 27, 1932
I last saw her alive on May 27, 1932 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Complication of Disease due to old age

162

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) [signature], M. D.
(Address) Clever Mo