

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

Do not use this space.

26111

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No.)

Registration District No. 399
Primary Registration District No. 1002
St. Luke's Hospital

File No.
Registered No. 3019
St. Ward

2. FULL NAME Edward T Betker

(a) Residence, No. 1014 West 40th St. 7 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Beatrice Betker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 2 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stafford Machine Works

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) Rushville Indiana

13. NAME Theodore Betker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME Elizabeth McDonald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1932 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7/19/32, 19 to 8/1/32, 19 .
I last saw him alive on 8/1/32, 19 . Death is said to have occurred on the date stated above, at m. 3:10 P M
The principal cause of death and related causes of importance were as follows:

chronic uric 12.6
chronic uric 12.8
12.6 9/5

Other contributory causes of importance: coronary disease

Name of operation yes Date of 7/10/32
What test confirmed diagnosis? sp. aut. Was there an autopsy? yes

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) W. M. Kuhn, M. D.
(Address) 1500 West 114th

OCCUPATION FATHER MOTHER

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr P Kuhn
Professional Bldg
Main 1145

Betker
West 40th
DATE Aug 4 1932
Tobin Co.
Linwood
M. Crowe
Asst. Registrar.

