

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

Do not use this space.

28898

1. PLACE OF DEATH

County Dunklin
Township Union
City (No.) St. Ward)

Registration District No. 282
Primary Registration District No. 5401

File No.
Registered No. 36
St. Ward)

2. FULL NAME

Betha Louise Granger
(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) Infant.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 1st 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
— 10 —

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) Campbell (STATE OR COUNTRY) MO

10. NAME OF FATHER Earl Granger

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

12. MAIDEN NAME OF MOTHER Effie Hallett.

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

14. INFORMANT Earl Granger (Address) Campbell MO

15. FILED 9/1, 19 32 Benjamin D. Fosay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 1st 1932

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to Sept 1, 1932, and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 8AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uterine
119 (duration) yrs. mos. 26 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (1)
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS (Signed) N. J. Riebelig, M. D.

9/30, 19 32 (Address) Campbell, 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 Gravel Hill Cem - St Francis Ark. DATE OF BURIAL 9/1 1932

20. UNDERTAKER None ADDRESS

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.

921 25 1932

