WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

29345

File No. 3519

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City, Mo (No. Mercy Hospital, St. Ward)

2. FULL NAME Betty Margarite Matheney

(a) Residence, No. 1927 N. 17th K.C. Kan. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 9 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1923

7. AGE Years 8 Months 9 Days 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

98 P
107 A
115 B

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Kansas

FATHER

13. NAME Edgar Matheney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doniphan, Kansas

MOTHER

15. MAIDEN NAME Gladys McGill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Black Hills, S.D.

17. INFORMANT (ADDRESS) Mother 1927 N 17th K.C. Ks

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt Hope DATE 9-17 1932

19. UNDERTAKER (ADDRESS) Eads Bros 1416 Minn Ave. K.C. Ks.

20. FILED 9/17 1932 M M Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-3, 1932, to 9-15, 1932

I last saw her alive on 9-15, 1932 Death is said to have occurred on the date stated above, at 8:00 P.m.

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

	Date of onset
Gangrenous Stomatitis-Noma	9-7-32
Ulcerative Stomatitis-Vincent	8-27-32
Bronchopneumonia	9-14-32

Other contributory causes of importance:

98 (1)

Name of operation ..... Date of ~~yes~~

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? ..... 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) H. B. Stauffer, M. D.

(Address) Mercy Hospital, K.C. Mo.