

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

Do not use this space.

29531

**1. PLACE OF DEATH**

County Jackson Registration District No. 403  
 Township Brookings Primary Registration District No. 5557  
 City Kansas City (No. 6832 Sni Bar Road St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

Bettie M. Christy  
 (a) Residence, No. 6832 Sni Bar Road St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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 James Christy  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1855  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 3 25

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home  
 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) Not known 2  
Kentucky

MOTHER FATHER  
 13. NAME James Q. Chandler 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information  
Kentucky

15. MAIDEN NAME Elizabeth Simpson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information  
Kentucky

17. INFORMANT Mrs. E. Kohler  
 (ADDRESS) 6832 Sni Bar Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrington Mo DATE Sept 1932

19. UNDERTAKER Stinet McOltre  
 (ADDRESS) 3255 Sulloway Place

20. FILED 9-15-1932 W. W. Noble, M.D.  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-28, 1932 to 9-11, 1932  
 I last saw her alive on 9-6, 1932 Death is said to have occurred on the date stated above, at P. m. 5:10  
 The principal cause of death and related causes of importance were as follows:

acute broncho pneumonia  
8:15 A  
10:15 A  
8:15 A  
8:15 A  
 Other contributory causes of importance:  
Cerebral Hemorrhage  
shape

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Physician's Was there an autopsy? no

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?  
 If so, specify \_\_\_\_\_  
 (Signed) W. W. Noble, M. D.  
 (Address) Raytown

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.

SEP 26 1932

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