

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

Do not use this space.

38599

1. PLACE OF DEATH

County Buchanan Registration District No. 85

Township W. French Primary Registration District No. 1001

City W. French (No. 2825, South 19th)

File No. _____

Registered No. 1322

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2825 So 19th St., _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ws. 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) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 8 - 1858

7. AGE YEARS 75 MONTHS 8 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Babart Church

10. Date deceased last worked at this occupation (month and year) 1923 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) Noble County (STATE OR COUNTRY) Indiana

13. NAME Bernard Bethel

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME unknown Stover

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Indiana

17. INFORMANT Mr Harry White (ADDRESS) 22 Goshawk Road

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Auburn DATE Dec. 31, 1932

19. UNDERTAKER Greenway Funeral Home (ADDRESS) 22 Goshawk Road

20. FILED 12-31-32 John A. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 29, 1932

22. I HEREBY CERTIFY, That I attended/deceased from Nov 23, 1932 to Dec 28, 1932

I last saw him alive on Dec 25, 1932 Death is said to have occurred on the date stated above, at 9:30 A.M.

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

Hypostatic Pneumonia Date of onset 3 days
10/10/32
1943
109

Other contributory causes of importance: Fractured hip Nov 1932

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Nov 1932

Where did injury occur? at Goshawk Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fell on kitchen floor
Nature of injury Fractured hip

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Charles H. Werner, M. D.

(Address) 407 Kirkpatrick Bldg
St Joseph Mo

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. JAN 21 1933

