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.

APR 24 1933

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

Do not use this space.

10669

1. PLACE OF DEATH 83
County Platte
Township Fair
City ..... (No. ....., ... St. ..... Ward)

Registration District No. ~~Fair~~ 696
Primary Registration District No. 5925

File No. .....
Registered No. 11

2. FULL NAME Betty Jene Cline
(a) Residence, No. 1 Platte Co. Mo 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1932
7. AGE YEARS MONTHS 2 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

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

1 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County Mo

FATHER
13. NAME Walter Cline
2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bath Co. Ky

MOTHER
15. MAIDEN NAME Susan Jones
2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bath Co. Ky

17. INFORMANT (ADDRESS) Walter Cline Platte City Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Dekalb, Mo. DATE 3-20 1933
19. UNDERTAKER (ADDRESS) L. F. Rollins Platte City Mo
20. FILED 3-20 1933 Mary B. Knight Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch. 19 1933
22. I HEREBY CERTIFY, That I attended deceased from Mch. 18 1933 to Mch 19 1933
I last saw her alive on Mch 19 1933. Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:
Broncho pneumonia
107A
107A
Date of onset
Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Spence Redmond, M. D.
(Address) Platte City Mo