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

Do not use this space.

12782

File No. .....

Registered No. ~~27~~ 28

1. PLACE OF DEATH

County Cooper

Registration District No. 218

Township .....

Primary Registration District No. 3015

City Boonville (No. ....., ... St. ..... Ward)

2. FULL NAME Bettie Lou Gustin

(a) Residence, No. 405 E. Spring St., 1" 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.

27 9 4 APR 24 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2" 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or .....min.
	1	9	4	

OCCUPATION

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

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) Boonville
(STATE OR COUNTRY) Mo.

FATHER

13. NAME Harold Gustin,

14. BIRTHPLACE (CITY OR TOWN) Ô
(STATE OR COUNTRY) Iowa.

MOTHER

15. MAIDEN NAME Elizabeth Colin,

16. BIRTHPLACE (CITY OR TOWN) Boonville
(STATE OR COUNTRY) Mo.

17. INFORMANT Harold Gustin,
(ADDRESS) Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL Boonville Mo.
PLACE Walnut Grove Ce DATE Apr. 9" 19 33

19. UNDERTAKER GOODMAN & BOLLER.
(ADDRESS) Boonville Mo.

20. FILED Apr 9 19 33 [illegible] Registrar.

1 2 1

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6th. 19 33

22. I. HEREBY CERTIFY, That I attended deceased from Dec 21, 1932, to April 6, 1933

I last saw h. as alive on April 6, 1933. Death is said to have occurred on the date stated above, at 10 a.m.

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

Peritonitis tuberculosa

25 12 2nd 2 D

Date of onset

Other contributory causes of importance:

Partial intestinal obstruction.

Name of operation No

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? ..... 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 No

(Signed) [illegible], M. D.

(Address) Boonville Mo

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.