MAY 22 1933

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

Do not use this space.

13612

1. PLACE OF DEATH
County Jasper — Registration District No. 408 — File No.
Township Madison — Primary Registration District No. 5564 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Betty Jane De Hart.
(a) Residence, No. Carthage R-6 St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PHYSICIANS should be stated EXACTLY. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emmett De Hart.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 1st 1862
7. AGE Years 71 Months 0 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife.
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) Boone Co Mo

FATHER
13. NAME Branin Campbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Mary C Northcott.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Emmett De Hart Carthage R-6.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hackney Cemetery DATE 5/1 1933
19. UNDERTAKER (ADDRESS) Ulmer-Drake Carthage Mo.
20. FILED May 1, 1933 E H Ketcham Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29th 1933
22. I HEREBY CERTIFY, I attended deceased from Jan 30, 1933, to Apr 29, 1933
I last saw her alive on Apr 1, 1933 Death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:

Diabetes Metitus — unobtainable
with gangrene of rig foot & limb to point of upper third of tibia.

Other contributory causes of importance:
Nephritis 59

Date of onset
Undetermined

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? ..... 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) S X Cordonnier, M. D.
(Address) Carthage Mo.