

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

Do not use this space.

22200-0

**1. PLACE OF DEATH**

County Barnes  
Township Waterford  
City..... (No..... Ward)

Registration District No. 29  
Primary Registration District No. 5038

File No.....  
Registered No. 47 St. .... Ward)

**2. FULL NAME**

Edward Betty

(a) Residence, No. .... 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 male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
61 Unknown

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) (STATE OR COUNTRY) Ohio

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmington

15. MAIDEN NAME W

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W

17. INFORMANT (ADDRESS) J. J. Hurst

18. BURIAL, CREMATION, OR REMOVAL PLACE Pauper Field DATE July 18, 1933

19. UNDERTAKER (ADDRESS) W. H. Johnson  
Cassville, Mo.

20. FILED Oct 1, 1933 Mrs. H. R. Williams (Address) Cassville, Mo.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1933

22. I HEREBY CERTIFY, that I attended deceased from July 1, 1933, to July 14, 1933

I last saw him/her alive on....., 19..... Death is said to have occurred on the date stated above, at 1:15 p.m.

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

Aortic insufficiency Date of onset 92A

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 Steuart H. Salver, M. D.  
(Signed).....

Dr. P. H. Williams

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. Nov. 20 1933

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dated 10/17/2000

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