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

Do not use this space.

27416

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: Reynolds — Registration District No.: 749

Township: Centerville — Primary Registration District No.: 44

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Bettie Lou Lester

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
F	W.	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	28	

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) (STATE OR COUNTRY) Centerville Mo

FATHER

13. NAME Sherman Lester

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerville Mo

MOTHER

15. MAIDEN NAME Alice Robinett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rey Co Mo

17. INFORMANT Sherman Lester
(ADDRESS) Centerville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rayfield Cemetery 8/23 1933

19. UNDERTAKER None
(ADDRESS)

20. FILED Aug 23 1933 C. M. Fitzpatrick
Registrar

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1933, to Aug 22, 1933

I last saw her alive on Aug 21, 1933 Death is said to have occurred on the date stated above, at 2:30 P.M.

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

	Date of onset
Paralysis due to	
hemorrhage in	
Cerebrum.	

Other contributory causes of importance:

$201

Name of operation none 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) C. M. Fitzpatrick, M. D.

(Address) Centerville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly assumed. Each statement is very important.

SEP 26 1933