

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City Town (No. St. Louis County Hospital St. _____ Ward _____)

Registration District No. 790
Primary Registration District No. 6033a

File No. 41301
Registered No. 192

2. FULL NAME

Mary Betty Middleton Mary Betty Middleton
(a) Residence, No. 1332 Woodruff Ave. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William F. Middleton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 5, 1899</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>2</u>
	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At home</u>	
	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) <u>Richmond, Virginia</u>		
FATHER	13. NAME <u>Jessie Smith</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pleasant Hill, North Carolina</u>	
MOTHER	15. MAIDEN NAME <u>Mary Bushner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond, Virginia</u>	
17. INFORMANT <u>Mr. William F. Middleton</u> (ADDRESS) <u>1332 Woodruff Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove Cemetery</u> DATE <u>Dec. 9</u> 19 <u>33</u>		
19. UNDERTAKER <u>Geo. L. Plittack Inc.</u> (ADDRESS) <u>5946 Easton Ave.</u>		
20. FILED <u>Dec 8</u> 19 <u>33</u> <u>Rolf J. Aufruster</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1933, to 12-8, 1933
I last saw him alive on 12-8, 1933 Death is said to have occurred on the date stated above, at 8:54 a.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 11-25-33
Right Basilar
97R
Other contributory causes of importance Mitral Stenosis 24 years
108
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) R. B. Barn, M. D.
(Address) St. Louis County Hospital

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 4 1934

