

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

Do not use this space.

8355

**1. PLACE OF DEATH**

County Cooper  
Township High Creek  
City Hot Grove (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 2 23  
Primary Registration District No. 4134

File No. \_\_\_\_\_  
Registered No. 24

**2. FULL NAME**

William Algernon Betteridge

(a) Residence, No. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. - 8 mos. - 8 ds. How long in U. S., if of foreign birth? 56 yrs. - 5 mos. - 8 ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 7 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 11 21

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

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) 2/17/34 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stropshire England

13. NAME George Betteridge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walsby England

15. MAIDEN NAME Ann Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walsby England

17. INFORMANT (ADDRESS) W. K. Betteridge Pleasant Green, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial DATE 2/20/34

19. UNDERTAKER (ADDRESS) Hay & Stockman Hot Grove, Mo

20. FILED 4/10/34 1934 H. B. Bisler Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from our house 28-1934 to \_\_\_\_\_ 19\_\_\_\_  
I last saw him alive on March 28, 1934 Death is said to have occurred on the date stated above, at 10 p. m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis  
820  
Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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. Osley, M. D.  
(Address) Burial

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.

