

WRITE PLAINLY, WITH UNFADING INK. THIS IS VERY IMPORTANT.

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.

APR 25 1934

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

Do not use this space.

9986

1. PLACE OF DEATH

County Pettis
Township Cedar
City (No.)

Registration District No. 668
Primary Registration District No. 3032
35894

File No. 187
Registered No. 668
St. _____ Ward _____

2. FULL NAME Bettie (or) Thurston

(a) Residence, No. George Town 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>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 20 1934</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
			<u>4</u>	
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) <u>Morgan County</u>				
FATHER	13. NAME <u>Wm Thurston</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Olivia Taylor</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pettis County</u>			
17. INFORMANT <u>Wm Thurston, Cedar</u> (ADDRESS) <u>Cedar township</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Asheley, Mo</u>		DATE <u>Mar 26 1934</u>		
19. UNDERTAKER <u>Price Alexander</u> (ADDRESS) <u>Sedalia, Mo</u>				
20. FILED <u>3-26-1934</u> <u>Gene Shuck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 19 1934 to Mar 24 1934

I last saw her alive on Mar 20 1934. Death is said to have occurred on the date stated above, at 2 P. m.

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

Date of onset Mar 19 1934

Other contributory causes of importance:
11A

Name of operation none Date of _____

What test confirmed diagnosis Cholera 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) Chas. W. ... M. D.
(Address) Sedalia, Mo

