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

Do not use this space.

1. PLACE OF DEATH — Registration District No. 399 — File No. 15616

County: Jackson — Primary Registration District No. 1002 — Registered No.

Township: Kansas — City: Kansas City (No. K. C. General Hosp. St. ..... Ward)

2. FULL NAME: John Betzer

(a) Residence, No. 1813 Montgall St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUN 19 1934

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male — 4. COLOR OR RACE: White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 3-74

7. AGE — Years: 59 — Months: 10 — Days: 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

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): Mo

FATHER

13. NAME: Jack Betzer

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

MOTHER

15. MAIDEN NAME: Mary Stone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT: Bevan Clerk
(ADDRESS) K.C. Gen Hospital Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blue Springs — DATE: 5-3-34

19. UNDERTAKER: Colyer Funeral Home
(ADDRESS) K.C. Mo

20. FILED: 5-3, 1934 — M. Malvine, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-27, 1934, to 5-1, 1934. I last saw h. alive on 5-1, 1934. Death is said to have occurred on the date stated above, at 4:50 p.m. The principal cause of death and related causes of importance were as follows:

Date of onset

Bilateral Lobar Pneumonia

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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 .....

(Signed) H. Jennett, M. D.
(Address) Staff K.C. Gen Hosp
K.C. Mo