

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

Do not use this space.

19208

1. PLACE OF DEATH

County Stoddard
Township Ch
City (No.) (St.) (Ward ..)

Registration District No. 836
Primary Registration District No. 6100

File No. 47
Registered No. 41

2. FULL NAME

Bethie Lou Mattocks
(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 30, 1903</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>2</u>	<u>7</u>	<u>0</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>nil</u>
	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 Bill Mattocks

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

MOTHER 15. MAIDEN NAME Angel Hartwell

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

17. INFORMANT (ADDRESS) Felix Morgan

18. BURIAL, CREMATION, OR REMOVAL PLACE Parma DATE 5-31 1920

19. UNDERTAKER (ADDRESS) none

20. FILED June 6, 1934 Lawrence Allen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30 1934

22. I HEREBY CERTIFY, That I attended deceased from I had not seen her 1934 to 1934, 1934
I last saw h..... alive on..... Death is said to have occurred on the date stated above, at..... m. 7

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

Colitis (no physician) Date of onset
1200 (stomach) baby

Other contributory causes of importance: 1200

Name of operation..... Date of.....

What test confirmed diagnosis..... History 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) Dr. W. H. ..., M. D.

(Address) Parma, Mo

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.

JUN 27 1934

... WITH OUPPING INK... THIS IS A PERMANENT RECORD

