

11 OCT 22 1934

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

Do not use this space.

30298

1. PLACE OF DEATH

County Camden
Township Harts
City (No. _____) _____

Registration District No. 653
Primary Registration District No. 5864

File No. 77
Registered No. 77
St. _____ Ward _____

2. FULL NAME

Charley Bethel

(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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ella Bethel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 12 - 1870</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>1</u>
	DAYS <u>1</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>Farmer.</u>	11. Total time (years) spent in this occupation. <u>1932</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Same.</u>	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Hartsville Mo.

13. NAME
DK

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
DK

15. MAIDEN NAME
DK

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
DK

17. INFORMANT (ADDRESS)
Johnnie Bethel

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wayward Mo DATE 8-14 1934

19. UNDERTAKER (ADDRESS)
Friends

20. FILED 8/13 1934 W. Rhodes Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 10 a.m.

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

Carcinoma of prostate.
5 1/2
Other contributory causes of importance

Entirely eaten out
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) W. Rhodes (Comm.)
Address Hartsville 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.

WHITE PLAINLY, WITH OBTAINING INFORMATION IS A PERMANENT RECORD

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~~1934~~
1931

1931