

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.

NOV 9 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 408
 Township _____ Primary Registration District No. 3020
 City Carthage - In Carthage Hospital St. _____ Ward _____

File No. 36362
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Alvira Bethnell
 (a) Residence, No. 1133 V. Main St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 57 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 5, 1952</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>3</u>
	DAYS <u>19</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>at home</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) <u>Praine</u> <u>Massachusetts</u>		
FATHER	13. NAME <u>Edward Nelson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Woburn</u> <u>Massachusetts</u>	
MOTHER	15. MAIDEN NAME <u>Emily Reed</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Woburn</u> <u>New York</u>	
17. INFORMANT <u>America Bethnell</u> (ADDRESS) <u>Carthage, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washburn</u> DATE <u>Oct. 27, 1934</u>		
19. UNDERTAKER <u>Knee M. Arling</u> (ADDRESS) <u>Carthage, Mo.</u>		
20. FILED <u>Oct. 26, 1934</u> <u>S. B. Clinton</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1934, to Oct 24, 1934
 I last saw him alive on Oct 24, 1934. Death is said to have occurred on the date stated above, at 10:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Fracture Right Femur.
1934
1936
1937
 Other contributory causes of importance:
Senility
Uræmia

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 10/21, 1934
 Where did injury occur? her home Carthage, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
at home - Fall down steps
 Manner of injury Fall
 Nature of injury F

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Floyd B. Clinton, M. D.
 (Address) Carthage, Mo.

