MAR 4 1935

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

Do not use this space.

4036

1. PLACE OF DEATH
County Shelby — Registration District No. 830
Township Forest Grove — Primary Registration District No. 4503
City Shelbina, Mo (No. ..... St. ..... Ward) — File No. ..... Registered No. 5

2. FULL NAME Wm. Bethards
(a) Residence, No. Shelbina Mo St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	5	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Light Plant
10. Date deceased last worked at this occupation (month and year) Jan 10 1935
11. Total time (years) spent in this occupation 40 yrs

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

FATHER
13. NAME Tom Bethards
14. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Elizabeth Donsley
16. BIRTHPLACE (CITY OR TOWN) Marion Co.
(STATE OR COUNTRY) Mo.

17. INFORMANT Estelle Baker
(ADDRESS) Shelbina Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Odd F. Shelbina Mo. DATE Jan 19 1935

19. UNDERTAKER Brothers Miller Bankelew
(ADDRESS) Shelbina Mo

20. FILED Feb. 9 1935 Mrs. R. H. Wailes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 11 1935 to Jan 15 1935
That I last saw him alive on Jan 14 1935. Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina - Pectoris	
Old Age	

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis Clinical 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) J. M. Furnish, M. D.
(Address) Shelbina, 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.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD