

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

JUL 12 1935

1. PLACE OF DEATH Saint Mary's Infirmary

County.....
Township.....
City St. Louis, (No.)

Registration District No.....
Primary Registration District No. **791**
1008
1536 Papin St.

File No. 21260
Registered No. 5195
St. Ward)

2. FULL NAME Corey Betts

(a) Residence, No. Booker & Denham Rds. St. So. Kinlock, Mo. NR
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 23, 1876

7. AGE YEARS 58 MONTHS 6 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Missouri

FATHER 13. NAME Solomon Betts

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mary Betts wife (ADDRESS) Booker & Denham, So. Kinlock

18. BURIAL, CREMATION, OR REMOVAL PLACE Jun 17 DATE Salvor Cemetery, 1935

19. UNDERTAKER Poppe Undertakery (ADDRESS) 2731 S. Jackson

20. FILED JUN 14 1935 J. H. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1935 to June 13, 1935.

I last saw him alive on June 13, 1935. Death is said

to have occurred on the date stated above, at 4:00A.m.

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

Myocardial Failure
Hypertension
Chronic Myocarditis
Date of onset
Ch. Nephritis

Other contributory causes of importance:

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?..... 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 James E. Jackson, M. D.
(Signed)

(Address) 1536 - Papin

STATE OF TEXAS

COUNTY OF _____

NOTARY PUBLIC

My commission expires _____