

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 25 1935

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

Do not use this space.

26378

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township IFAW

Primary Registration District No. 1002

City K. C. Mo. (No. Jakeside Hospital)

File No. 26378

Registered No. 2120

St. _____ Ward _____

2. FULL NAME Grace V. Bettinger

(a) Residence, No. 3148 Campbell 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1935, to Aug 6, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1908

I last saw him alive on Aug 6, 1935. Death is said to have occurred on the date stated above, at 3:30 P.m.

7. AGE YEARS 27 MONTHS 3 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

Date of onset _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Toxic Myocarditis

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) _____

L. Pyosulphuritis
L. Tuberculosis

13. NAME Fred Lueregey

Name of operation Sulphur Date of operation Aug 5/35

14. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) _____

What test confirmed diagnosis _____ Was there an autopsy? Yes

15. MAIDEN NAME Elizabeth Scott

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide _____ Date of injury _____, 19 _____

16. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) _____

Where did injury occur _____ (Specify city or town, county, and State)

17. INFORMANT Ieland Bettinger (ADDRESS) 3148 Campbell

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Syracuse, N.Y. DATE Aug 6th 35

Manner of injury _____ Nature of injury _____

19. UNDERTAKER Carroll-Adriand and Co (ADDRESS) 3024 TROOST AVE

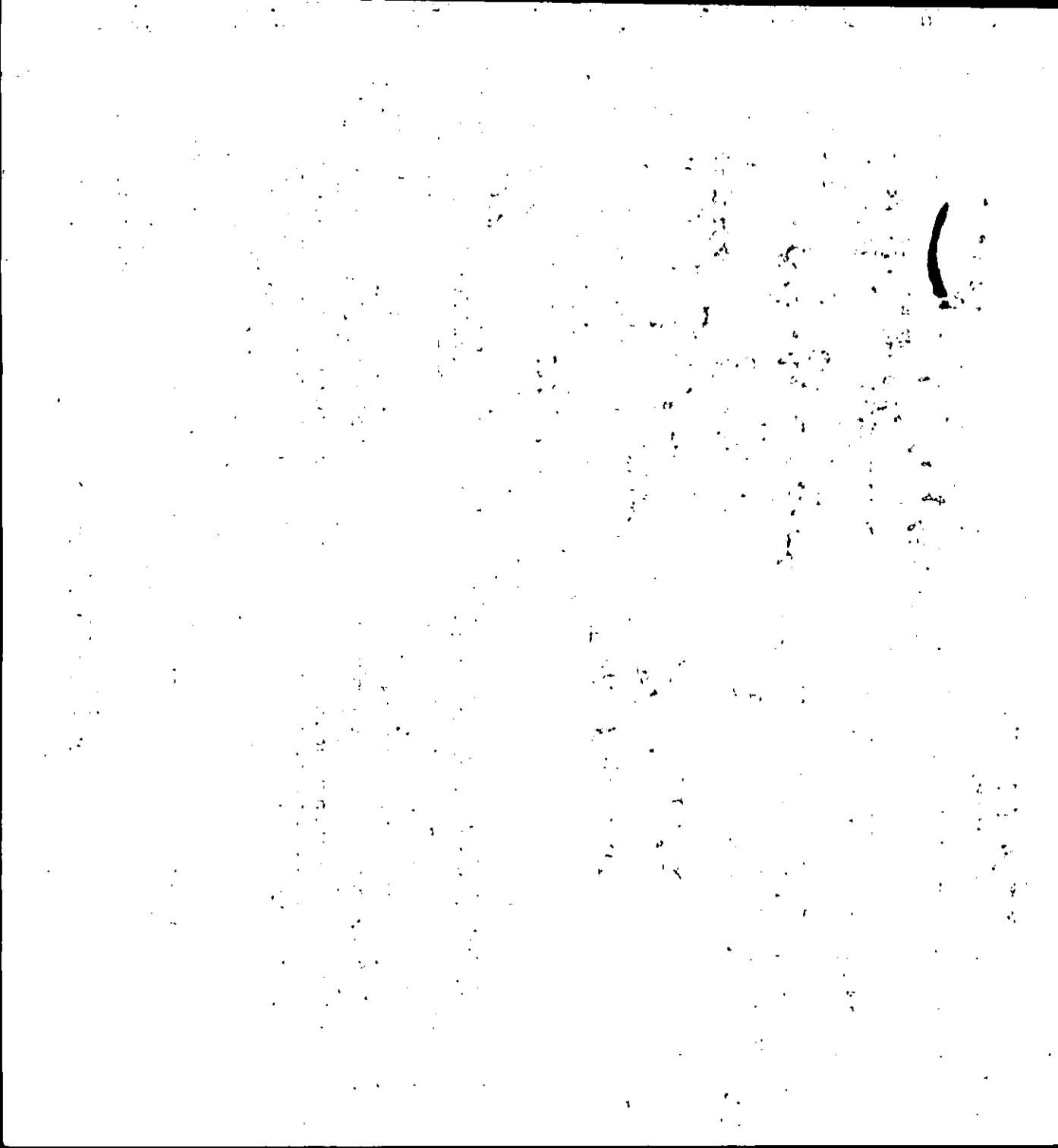
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

20. FILED 8/6 1935 M. M. Carow Registrar.

(Signed) Leop. J. Couley (Address) 2801 Glen

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Kansas City Primary Registration District No. 1002 Registered No. 3120
 City Lakeside Hosp St. _____ Ward _____

2. FULL NAME

Grace J. Bettinger
 (a) Residence, No. 3148 Campbell 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1935

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

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

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.

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

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

Myocarditis Date of onset _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

hyposalpingitis

10. Date deceased last worked at this occupation (month and year)

2. Parovarian cyst

11. Total time (years) spent in this occupation

Other contributory causes of importance:

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

(non-specific Salpingitis)

13. NAME

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME

23. If death was due to external causes, indicate, also the following: Accident, suicide, or homicide _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury _____

PLACE _____ DATE _____ 19____

Nature of injury _____

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED Aug 10th 1935 W. W. Anderson Registrar

If so, specify _____

(Signed) George J. Conley M.D.
 (Address) 2801 Flora

SUPPLEMENTAL

Exact statement of OCCUPATION is very important.

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