

APR 16 1936

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

Do not use this space.

32222-1

1. PLACE OF DEATH
 County Clinton Registration District No. 203
 Township Payette Primary Registration District No. 1123
 City Payette (No.) St. Ward

2. FULL NAME Betty Ann House
 (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. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 15

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

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) Payette Township Jefferson Co. Mo.

13. NAME William House

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

15. MAIDEN NAME Sarah White

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

17. INFORMANT (ADDRESS) William House Payette Mo.

18. BURIAL, CREMATION, OR REMOVAL Payette Mo. DATE 10-31-35

19. UNDERTAKER (ADDRESS) Nelson F. Reiser Payette Mo.

20. FILED Nov 3 1935 J. O. Quinn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1935 to Oct 31 1935
 I last saw her alive on Oct 30 1935. Death is said to have occurred on the date stated above, at 12:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Cephalhematoma Date of onset Oct 16

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?
 If so, specify
 (Signed) R. M. Steckman, M. D.
 (Address) Payette Mo.

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.

The following information was obtained from the files of the
 Federal Bureau of Investigation, New York Office, on October 11, 1962:
 On October 10, 1962, the New York Office received a letter from
 the New York State Department of Social Services, dated October 9, 1962,
 in which it was stated that the New York State Department of Social
 Services is currently conducting an investigation of the activities of
 the Communist Party, USA, in New York State. It was further stated
 that the New York State Department of Social Services is currently
 conducting an investigation of the activities of the Communist Party,
 USA, in New York State, and that the New York State Department of
 Social Services is currently conducting an investigation of the
 activities of the Communist Party, USA, in New York State.