NOV 21 1935

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

Do not use this space.

32729

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 3008

City Kansas City — (No. Trinity Lutheran Hospital St. Ward)

File No. 3008

Registered No.

2. FULL NAME Miss Betty Eckart

(a) Residence, No. 5833 Wabash St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 8 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

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) Feb. 8, 1932

7. AGE: Years 3 — Months 8 — Days 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Kansas City Mo.

FATHER

13. NAME Kurt G. Eckart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark County Mo.

MOTHER

15. MAIDEN NAME Louise Bacon

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

17. INFORMANT Kurt G. Eckart
(ADDRESS) 5833 Wabash

18. BURIAL, CREMATION, OR REMOVAL
PLACE Westplains, Mo. DATE Oct 13 1935

19. UNDERTAKER D. W. Newcomer's Sons
(ADDRESS) 2111 East 9th St.

20. FILED 10-13 1935 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1935, to Oct 13, 1935

I last saw h. alive on Oct. 13, 1935. Death is said to have occurred on the date stated above, at 4.00 P m.

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

	Date of onset
Encephalitis	9-15-35
Lethargica	

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

(Signed) Roy U. Adams, M. D.

(Address) 6247 Brookside Blvd. KCMo

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

M-3-28-35