

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.

30959

JAN 16 1936

1. PLACE OF DEATH
County Jasper Registration District No. 411
Township _____ Primary Registration District No. 2002
City Jasper (No. St. Johns Hospital St. _____ Ward)
2. FULL NAME Bette Jeanne Hausford
(a) Residence, No. Royal Heights 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. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23-1919

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>19</u>	<u>8</u>	<u>21</u>	

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

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

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) Carthage Mo

MOTHER FATHER

13. NAME Edward F. Hausford

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

15. MAIDEN NAME Nora Kirby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WV Vernon Mo

17. INFORMANT Royle Hausford
(ADDRESS) Chicago Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE WV Hope DATE 12/16/35

19. UNDERTAKER (ADDRESS) Hurrell and Co

20. FILED 12-14-1935 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13-35

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1935 to Dec 13, 1935
I last saw her alive on Dec 13, 1935 Death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:
Acute Peritonitis Date of onset _____

Other contributory causes of importance: acute appendicitis

Name of operation Appendectomy Date of Dec 5, 1935
What test confirmed diagnosis? Operative 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) W. C. Coover, M. D.
(Address) Jasper, Mo

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