Dr REW

JAN 17 1936

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

Do not use this space.

40204

1. PLACE OF DEATH
County McDonald — Registration District No. 315
Township Prairie — Primary Registration District No. 5687
City Southwest City Mo (No. R#1 ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Betty Olive Munson

(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. 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 19th/1935

7. AGE — YEARS: — MONTHS: 1 — DAYS: 12 — 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) McDonald County Missouri (Southwest City R#1

FATHER
13. NAME Raymond Ray Munson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada Mo

MOTHER
15. MAIDEN NAME Clara Almedia Watson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Missouri

17. INFORMANT (ADDRESS) R.R.Munson Southwest City Mo R#1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Southwest City Mo DATE Dec 31st 1935

19. UNDERTAKER (ADDRESS) Nichols Brothers Southwest City Mo

20. FILED 12/31/ 1935 John J. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1935, to Dec 31 1935
I last saw her alive on Dec 30 1935. Death is said to have occurred on the date stated above, at 1.50 A.M.
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia

Date of onset

Other contributory causes of importance:
Thrush
Rachitis & mal nutrition

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. E. Warnack, M. D.
(Address) Southwest City Missouri