

MAR 16 1936

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

Do not use this space.

113

1. PLACE OF DEATH

County Barry Registration District No. 34 File No. _____
Township Exeter Primary Registration District No. 6239 Registered No. 7
City R. F. D. (No. _____) St. _____ Ward _____

2. FULL NAME Lunden Lane Bettis

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

Length of residence in city or town where death occurred yrs. 10 mos. 12 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 J. A. Bettis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 4 1

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

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) Lincoln County
(STATE OR COUNTRY) Tennessee

FATHER 13. NAME Ellie Hugh Fults

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

MOTHER 15. MAIDEN NAME Mary McDaniel

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

17. INFORMANT Mrs. Ada Carter
(ADDRESS) Ryan, Oklahoma

18. BURIAL, CREMATION, OR REMOVAL Fannin Co., Texas
PLACE Indian Creek, DATE Feb. 1, 1936

19. UNDERTAKER Koon Funeral Home
(ADDRESS) Cassville, Mo.

20. FILED 1-30-1936 Mrs. H. P. Seery
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935, to Jan. 29, 1936.

I last saw ER alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:45 A.M.

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

Hemorrhage from
ruptured aorta 11/29/36

Other contributory causes of importance: 11/29/36

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No.

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) Ed McLaughlin, M.D.
(Address) Cassville, Mo.

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.

