

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

Do not use this space.

APR 15 1936

4478

1. PLACE OF DEATH

County Barry Registration District No. 34 File No. _____
Township Center Primary Registration District No. 6239 Registered No. 8
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

John Auskin Better Franklin, Tex.
(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. 10 mos. 0 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Lanie Better</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 5, 1852</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>11</u>
	DAYS <u>8</u>	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. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 1934</u>	11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lebanon Tennessee</u>		
FATHER	13. NAME <u>Moses Better</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Jessie Hope</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lebanon Tennessee</u>	
17. INFORMANT <u>Mrs. C. G. Hilman</u> (ADDRESS) <u>P. O. Washburn, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Franklin, Texas</u> DATE <u>2-15-</u> 19 <u>36</u>		
19. UNDERTAKER <u>Koon Funeral Home</u> (ADDRESS) <u>Franklin, Mo.</u>		
20. FILED <u>2-14</u> 19 <u>36</u> <u>Mrs. H. P. Searcy</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>2-13-</u> 19 <u>36</u>		
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 5</u> 19 <u>35</u> , to _____, 19____ I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at <u>Franklin, Mo.</u> The principal cause of death and related causes of importance were as follows:		
<table border="1"> <tr> <td> <u>Branchial Pneumonia</u> <u>1072</u> <u>arterio-sclerosis</u> </td> <td> <u>2-15/36</u> <u>?</u> </td> </tr> </table>	<u>Branchial Pneumonia</u> <u>1072</u> <u>arterio-sclerosis</u>	<u>2-15/36</u> <u>?</u>
<u>Branchial Pneumonia</u> <u>1072</u> <u>arterio-sclerosis</u>	<u>2-15/36</u> <u>?</u>	
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) <u>E. E. McDaniel</u> M. D. (Address) <u>Cassville, Mo.</u>		

