

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

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

Do not use this space.

**JUL 23 1936**

23425

1. PLACE OF DEATH  
 County Lawrence Registration District No. 471  
 Township Pierce Primary Registration District No. 4284  
 City Pierce City (No. ....) St. .... Ward) .....

2. FULL NAME John Henry Bettick  
 (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 17 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nora Bettick</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 17 1874</u>				
7. AGE	YEARS <u>62</u>	MONTHS <u>3</u>	DAYS <u>4</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>mail carrier</u>			
	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) <u>March Dec. 1935</u>		11. Total time (years) spent in this occupation <u>29</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson Co. Mo.</u>				
FATHER	13. NAME <u>Oscar Bettick</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson Co. Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Martha Lee</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson Co. Mo.</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Nora Bettick</u> <u>Pierce City, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cemetery</u> DATE <u>June 23 1936</u>				
19. UNDERTAKER (ADDRESS) <u>Wm. W. Byrnes</u> <u>Pierce City, Mo.</u>				
20. FILED <u>June 27 1936</u> <u>G. B. W. Registrar</u>				

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from June 14 1936 to June 21 1936.  
 I last saw him alive on June 21 1936. Death is said to have occurred on the date stated above, at 8 A. m.  
 The principal cause of death and related causes of importance were as follows:

<u>Angina Pectoris (Coronary sclerosis)</u>	Date of onset <u>6-14-36</u>
Other contributory causes of importance: <u>Hypertension</u>	?
<u>Arterio-Renal sclerosis</u>	?
<u>Hypertension</u>	?
<u>Coronary sclerosis</u>	?

Name of operation none Date of .....

What test confirmed diagnosis? Phys. and laboratory Was there an autopsy? yes  
and laboratory

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) H. R. Clark, M. D.  
 (Address) Pierce City, Mo.

Copy 6/24/24  
B. K. ...  
RUP