

**JUN 27 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

25229

1. PLACE OF DEATH  
 County Stoddard Registration District No. 837  
 Township Carter Primary Registration District No. 6099  
 City (No. ) St. Ward

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

2. FULL NAME Betty Mary Nester  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. H. Nester  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7, 1870  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 2 24

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) (STATE OR COUNTRY) Stoddard Co. Mo.

MOTHER FATHER  
 13. NAME Dan Link

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co. Mo.

15. MAIDEN NAME Addie Cook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co. Mo.

17. INFORMANT W. H. Nester  
 (ADDRESS) Bloomfield R. F. D. #2

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Nath Antioch DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER Bohler Undertaking Co.  
 (ADDRESS) Bloomfield Mo.

20. FILED June 30, 1936 Dr. E. Ford  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 20th, 1936, to May 26th, 1936  
 I last saw her alive on March 15th, 1936. Death is said to have occurred on the date stated above, at 12:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Acute Pulmonary Tuberculosis  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Influenza

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chest X-ray 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) S. S. Haver, M. D.  
 (Address) Stoddard 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.

