

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

Do not use this space.

SEP 24 1936

31307

1. PLACE OF DEATH

County Gasper
Township.....
City Alva (No.)

Registration District No. 405
Primary Registration District No. 4239

File No.
Registered No. 5

2. FULL NAME

(a) Residence, No. Alva mo. St., Ward,

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 18 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7-1933

7. AGE YEARS 3 MONTHS 0 DAYS 18 IF LESS than 1 day, hrs. or min.

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) Alva (STATE OR COUNTRY) mo.

13. NAME Claude Bettelheimer

14. BIRTHPLACE (CITY OR TOWN) Gasper (STATE OR COUNTRY) mo.

15. MAIDEN NAME Ople White

16. BIRTHPLACE (CITY OR TOWN) Gasper (STATE OR COUNTRY) mo.

17. INFORMANT Claude Bettelheimer (ADDRESS) Alva mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Purcell DATE 8-26 1936

19. UNDERTAKER J. H. Carbaugh (ADDRESS) mo.

20. FILED 8-26-1936 Effie Green Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1936, to Aug 25, 1936

I last saw alive on , 19 . Death is said

to have occurred on the date stated above, at 7:30 p.m.

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

Dip. colitis Aug 20
1936
Date of onset

Other contributory causes of importance:

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? No

If so, specify

(Signed) D. R. Kuttan

(Address) Alva 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.

