

JAN 8 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau
Township St. Louis
City Jackson (No.)

Registration District No. 124
Primary Registration District No. 4070

43994
File No.
Registered No. 42 St. Ward)

2. FULL NAME

(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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 16, 1936</u>		
7. AGE	YEARS	MONTHS
		<u>3</u>
		DAYS
		<u>22</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.	
	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)	<u>Jackson Mo.</u>	
FATHER	13. NAME	<u>Rufard Bettigrie</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Patton Mo.</u>
MOTHER	15. MAIDEN NAME	<u>Hazel Estes</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Marble Hill Mo.</u>
17. INFORMANT (ADDRESS)	<u>Rufard Bettigrie Jackson Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>St. Joseph's</u>	DATE <u>Dec 10, 1936</u>
19. UNDERTAKER (ADDRESS)	<u>Preparatory Allin Jackson Mo.</u>	
20. FILED	<u>12-10-36</u>	<u>W. G. Seiber</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-9 1936, to 12-9 1936. I last saw him alive on 12-9, 1936. Death is said to have occurred on the date stated above, at 2 P. m. The principal cause of death and related causes of importance were as follows:
Bronchopneumonia

Other contributory causes of importance:
Injury from falls was the only

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. G. Seiber, M. D.
(Address) Jackson, Mo.

