

FEB 16 1937

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

Do not use this space.

403

1. PLACE OF DEATH
County Callaway Registration District No. 104
Township Fulton Primary Registration District No. 3008
City Fulton (No. 3) St. Ward

2. FULL NAME Bettie Black

(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5, 1858

7. AGE YEARS 78 MONTHS 6 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

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) Missouri

13. NAME George W. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mauda Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) J. R. Black Memphis, Tenn

18. BURIAL, CREMATION, OR REMOVAL PLACE Westminster Cemetery Jan. 27, 1937

19. UNDERTAKER (ADDRESS) Leg. G. W. Walsh Fulton, Mo

20. FILED Jan 27, 1937 R. N. Creese Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1936, to 1/25, 1937
I last saw her alive on 1/25, 1937. Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:
acute bilateral Bronchopneumonia Date of onset

Other contributory causes of importance:
chronic myocarditis senility

Name of operation none Date of
What test confirmed diagnosis? clinical 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) Derry Dunt, M. D.
(Address) 610 Court, Fulton, 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.

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