

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

FEB 17 1937

1781

1. PLACE OF DEATH
 4 County Jackson Registration District No. 399
 12 Township Ycau Primary Registration District No. 10071
 7 City Kansas City (No. KC Gen Hosp) St. _____ Ward _____
2. FULL NAME Betha Dues
 (a) Residence, No. 515 W 16th 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1898
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 8 27
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 47
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 31
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 31
 13. NAME unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT (ADDRESS) Record Office General Hospital
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ycau DATE 1-19 1937
 19. UNDERTAKER (ADDRESS) Funeral Home
 20. FILED See 12, 36 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28 1936
 22. I HEREBY CERTIFY, That I attended deceased from 11-26 1936 to 11-28 1936
 I last saw her alive on 11-28 1936 Death is said to have occurred on the date stated above, at 5:45 P. M.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset _____
 Other contributory causes of importance: 108
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes
 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? _____
 If so, specify _____
 (Signed) P. F. De Maria M.D. M. D.
 (Address) General Hospital

