

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Marion Registration District No. 548. File No. 12619
Township Liberty Primary Registration District No. 5740. Registered No. 13.
City Polk (No. Marion, Co. Infirmary) St. 5 Ward

2. FULL NAME

Reubin H. Betts
(a) Residence, No. 1 St. Hannibal, Mo Ward. Hannibal, Mo
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sadie Brunner Betts</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 25, 1875</u>		
7. AGE	YEARS	MONTHS
<u>61</u>	<u>61</u>	<u>8</u>
		DAYS
		<u>13</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Unemployed</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Cigar Maker</u>	
	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>Bowling Green, Mo.</u>		
MOTHER FATHER	13. NAME <u>Jessie F. Betts</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	15. MAIDEN NAME <u>Polly E. Roberts</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT (ADDRESS) <u>J. J. Betts, Hannibal, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Met. Ch. Int. Cem. Hannibal, Mo.</u> DATE <u>March 14, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Ray P. Schwartz, Hannibal, Mo.</u>		
20. FILED <u>Mar 10 - 1937</u> <u>DeWilde</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1937

I HEREBY CERTIFY, That I attended deceased from March 5, 1937, to March 8, 1937

I last saw him alive on March 7, 1937 Death is saidto have occurred on the date stated above, at 3:30 p.m.

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

Bronchial Pneumonia Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) W. J. Keller, M. D.(Address) Polk, Mo.

