

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

Do not use this space.

AUG 25 1937

27727

1. PLACE OF DEATH

County Macon
Township Hudson
City Macon

Registration District No. 533
Primary Registration District No. 3027
(No. 308, South Ruby)

File No. _____
Registered No. 61
St. Third Ward

2. FULL NAME Virginia Bethel

(a) Residence, No. 308 S. Ruby St., Third 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 F 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Premature infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 1/2 - 17 MONTH Fetus

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) Macon, Missouri

FATHER
13. NAME Julius Bethel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon, Mo.

MOTHER
15. MAIDEN NAME Juanita Enyard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarence, Mo.

17. INFORMANT (ADDRESS) Julius Bethel, Macon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Macon DATE June 26, 1937

19. UNDERTAKER (ADDRESS) _____

20. FILED 7/10 1937 Leota Newton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1937, 19____, to _____, 19____

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Non-viable fetus

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) J. J. [Signature] D.O.

(Address) Macon, 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.

