

OCT 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Texas

Registration District No.

1077

File No.

35531

Township

Date

Primary Registration District No.

6142

Registered No.

27

City

(No

St.

Ward)

2. FULL NAME

Bethie Lue Trawbridge

(a) Residence, No.

St.

Ward.

(If nonresident, give city or town and State)

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

premature.

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

Aug 29 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.

5

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)Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mtn. View Missouri
R. F. D.

FATHER

13. NAME

Lloyd Trawbridge

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mtn. View Missouri
R. F. D.

MOTHER

15. MAIDEN NAME

Ella Fisher

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Hattie Missouri
R. F. D.17. INFORMANT
(ADDRESS)Mrs Ella Trawbridge
Mtn. View - Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Grace Church DATE Sept 3 1937

19. UNDERTAKER
(ADDRESS)neighbor - J. H. Fisher
Bethie Trawbridge

20. FILED

Sept. 3 1937 J. B. McDaniel M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept. 2 1937

22. I HEREBY CERTIFY, That I attended deceased from

19....., to

19.....

I last saw him alive on 8/28/1937. Death is said

to have occurred on the date stated above, at 1:00 A. m.

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

Date of onset

Born Very Weak

159

Other contributory causes of importance:

Premature Birth

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. B. McDaniel M.D.
(Address) Sumnerville Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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