NOV 18 1937

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

Do not use this space.

36893

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. 1119 East 76th Terrace St. Ward)

2. FULL NAME Elijah H. Bettis

(a) Residence, No. 1119 East 76th Terr. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodora R. Bettis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27th 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	81	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K.C. Power & Light

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) Belleview Iowa

FATHER

13. NAME Frank A. Bettis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Elizabeth Canfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire

17. INFORMANT (ADDRESS) Frank A. Bettis 1307 East 81st Terr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cremation DATE Oct 29 1937

19. UNDERTAKER (ADDRESS) Newcomers Sons Kansas City - Mo

20. FILED 10/27 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27th 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936 to Oct-27, 1937

I last saw him alive on Oct 26, 1937. Death is said to have occurred on the date stated above, at 8.10a m.

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

	Date of onset
Chr. Myocarditis	
Coronary ~~Thrombosis~~ Thrombosis	5/25/36
Cerebral Apoplexy	10/20/37
93c	

Other contributory causes of importance:

Pulmonary edema with asthma	9/30/37

Name of operation ..... 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) Carl H. Smith, M. D.

(Address) .....

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.

Gi 0060 704 power & Light Bldg.