

NOV 19 1937

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

Do not use this space.

38121

1. PLACE OF DEATH

County *Linn*Registration District No. *502*

File No. _____

Township _____

Primary Registration District No. *4305*Registered No. *47*City *Marceline BB Whitese Memorial Hospital* St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *5* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

Wm Bettis

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

Mar 28 1862

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

*75**6**3*

OCCUPATION

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

at home

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)

Ethel mo

FATHER

13. NAME

Charles Elam

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

mo

MOTHER

15. MAIDEN NAME

Sarah Walters

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

Don't know

17. INFORMANT (ADDRESS)

John Bettis Marceline mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

mt Olivet

DATE

Oct 2, 1937

19. UNDERTAKER (ADDRESS)

Gas M Langhler Marceline mo

20. FILED

1072

19.37

Olive Barrett

Registrar.

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

Oct 1 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

*Sept 15, 1937, to Oct 1, 1937*I last saw h. *live* alive on *Oct 1, 1937* Death is saidto have occurred on the date stated above, at *2:15 a.m.*

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

Date of onset

Sept 20

Other contributory causes of importance:

110

Name of operation _____ Date of _____

What test confirmed diagnosis? *Chin* 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) *E. B. Pulman*, M. D.(Address) *Marceline, Missouri*

