NOV 19 1937

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

Do not use this space.

File No. 12 38170

Registered No. 532

1. PLACE OF DEATH
County: Macon
Township:
City: La Plata (No. , St. Ward)
Registration District No. 532
Primary Registration District No. 4318

2. FULL NAME: Isabelle Amanda Bettinger

(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 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Geo Bettinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 24 1849

7. AGE: Years 88 Months 3 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
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): Iowa

FATHER
13. NAME: James Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): J H Bettinger Fogdon, Okla.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: La Plata Mo DATE: Nov 2 1937

19. UNDERTAKER (ADDRESS): E. S. Christen La Plata Mo

20. FILED: Nov 3 1937 Olin Beckner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2 1937 to Nov. 1 1937
I last saw h. alive on Nov. 1 1937. 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:

	Date of onset
Chronic Interstitial Nephritis	D.K.

Other contributory causes of importance: 131

Name of operation: — Date of: —
What test confirmed diagnosis? Lab. 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) C H Buckley M. D.
(Address) La Plata Mo.